

## **Evaluation of Plan First**

### **Demonstration Year 17 (October 2016-September 2017)**

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## Executive Summary

The Alabama Medicaid Plan First 1115 Demonstration Waiver was renewed in February 2015. The renewed waiver specified six goals for evaluation:

- (1) Increase the portion of women eligible for Plan First who actually enroll, and reduce race/ethnicity and geographic disparities in enrollment. The program goal is to enroll 80% of eligible women under age 40 into Plan First.
- (2) Maintain a high level of awareness of the Plan First program among enrollees.
- (3) Increase the portion of Plan First enrollees who use family planning services, both in the initial year of enrollment and in subsequent years. The program goal is to achieve 70% initial year and 70% subsequent year utilization.
- (4) Increase the portion of Plan First enrollees who receive smoking cessation services. The program goal is to have 85% of smokers receiving these services.
- (5) Maintain birth rates among Plan First participants which are lower than the birth rates estimated to have occurred in the absence of the Plan First demonstration. A rate of about 100 births per 1000 enrollees is estimated to be sufficient to achieve budget neutrality for Plan First.
- (6) Make sterilization services available to income-eligible men over age 21.

This report presents data for Demonstration Year 17, October 1, 2016 through September 30, 2017. Part I of this report provides baseline data for the six goals included in the renewal. Demonstration Year (DY) 17 is the third renewal year. Part II of this report continues the reporting of selected utilization measures that have been included in previous Plan First evaluations.

## Findings in Part I

### **Goal 1: Increase the portion of women eligible for Plan First who actually enroll, and reduce race/ethnicity and geographic disparities in enrollment.**

Enrollment for Black women residents of Alabama who are ages 19-24 and 25-34 is below the target rate, at 60% and 59% of those estimated to be eligible, respectively. Enrollment is even lower for White women, 35% for those age 19-24 and 44% for those age 25-34. More urban areas of the state tended to have more racial disparity in enrollment. About 32% of enrolled women in DY16 failed to re-enroll in DY17. Those most likely to renew their enrollment from one year to the next are women who had contact with a Plan First provider. When service use is taken in to account, there is a fall-off in enrollment for White women and younger women.

**Goal 2. Maintain a high level of awareness of the Plan First program among enrollees.**

Overall awareness of Plan First remains quite high (>90%) among enrollees. However, just over 20% of enrollees are not aware of their enrollment status, including the 8% who report they have never heard of Plan First, and another 14% who have heard of the program but did not know they were enrolled. Some of these are women who are concerned about the safety and effectiveness of contraception and thus may not have an incentive to learn about Plan First. However, others are women who do use contraception, and have concerns about affordability and access to services, which reflect the fact that they are not aware of their enrollment status.

**Goal 3. Increase the portion of Plan First enrollees who use family planning services, both in the initial year of enrollment and in subsequent years.**

In previous Plan First evaluations, we have reported overall rates of participation without exploring differences across sub-groups of enrollees, and without differentiating between participation for first year enrollees and for enrollees in subsequent years. With this analysis, it is clear that there is a sub-group of enrollees whose participation meets the target rate of 70% use: enrollees who have used shorter acting reversible contraception (e.g. injectable contraception, oral contraceptive pills) for at least a year. Women using long-acting reversible contraception (LARC) for at least a year also participate in subsequent years, but at a lower rate (38%). Participation is also lower for new enrollees who are not postpartum ( $\leq 39\%$ ). Women with no evidence of any use of contraception services in previous years have the lowest participation (<20%). Women with Plan First participation but no actual clinical service use are about evenly divided between those with case management contact only, and those who fill contraceptive prescriptions but have no clinical contact.

**Goal 4. Increase the portion of Plan First enrollees who receive smoking cessation services.**

By report of enrollees, there has been an increase over time in the extent to which smoking cessation is discussed in family planning settings, and in the concrete advice that providers give to clients about quitting tobacco use. The estimates for DY17 indicated that 65% of smokers reported receiving either a prescription for a Nicotine Reduction Therapy or a referral to the Quit Line. However, based on claims data, there is relatively little use of prescriptions among Plan First enrollees, and a very small percentage of the estimated smokers (<1%) have contacted the Quit Line and indicated they were referred by their care coordinator.

**Goal 5. Maintain birth rates among Plan First participants which are lower than the birth rates estimated to have occurred in the absence of the Plan First demonstration.**

Birth rates vary from year to year, but remain low enough for Plan First to be budget neutral. In DY16, the most recent year for which a count of the births occurring to participants during the demonstration year can be counted, overall birth rates for participants was 63.1 per thousand and the birth rate for women who were enrolled but did not use services was 59.0 per thousand; enrollee survey data suggest many women in the latter group rely on long-acting reversible or permanent contraceptive methods and therefore have a low risk of pregnancy. In contrast, the estimate of expected births, given the fertility

rates before the start of the Plan First demonstration, was 182.4 per thousand for the women enrolled in the program.

#### **Goal 6. Make sterilization services available to income-eligible men over age 21.**

There were very few claims for vasectomy in DY17, the third year the service was covered by Plan First, relative to the number of men enrolled. The majority of women who get counseled about female sterilization do not receive counseling about vasectomy as well. By report of female enrollees who do not want more children, 20% of male partners may be interested in vasectomy if they could get the procedure covered by Plan First.

## **Findings in Part II**

The number of women participating (having any paid claim) in Plan First decreased slightly in DY17, to 49,929 women, compared to 59,775 in DY16. Enrollment in the program also decreased slightly. Overall, the portion of enrollees participating in Plan First was slightly lower than in DY16, 41.8% vs 45.5% (Part II, Section 1.1). The portion of women with deliveries in the previous two years who used Plan First services remained the same or decreased across all Maternity Care District (Part II, Section 1.2). Participation in Plan First by non-Title X agencies (private physicians and community health centers) and the portion of total visits was similar to previous years, but total participants using services in the non-Title X sector decreased slightly (Part II, Sections 1.3 and 3.1).

According to the last two years of the enrollee survey, 84% of women reported using any contraceptive method and 77% used an effective method (Part II, Section 4.3). The primary reason for not using contraceptives, as identified by survey respondents, is that they are not sexually active (39%), they don't think they can get pregnant (13%), or they want to get pregnant (13%). Some women do report that they do not use birth control because they can't afford it (10%) or can't find a provider that they want to see (7%) (Part II, Section 4.3). Affordability and difficulty finding a preferred provider are also listed as reasons for not making a visit to a family planning provider in the past year (Part II, Section 2.1).

The portion of Plan First participants with a risk assessment, completed either in DY17 or in previous years, remained stable at 71% in DY17. Risk assessment coverage remains high for users of Health Department services (>90%) and decreased slightly for users of private sector services. Almost all of the clients assessed as high risk received some form of care coordination services, and those with care coordination more frequently received HIV counseling and effective contraception (Part II, Sections 5.1 and 5.2).

The portion of women with non-family planning medical problems who received referrals from their family planning providers for primary care was 61% (compared to a target of 80%). As in past years, about two-thirds of women with medical issues reported receiving primary care, with inability to afford care as the primary reason cited for not obtaining services (Part II, Sections 6.1 and 6.2).

Finally, this evaluation continues the approach of estimating birth rates from pregnancies starting during the Demonstration Year separately for enrollees who did and did not participate in Plan First, and, among participants, for clients visiting different provider types and whether they received risk assessment and/or care coordination. Participants with the lowest birth rates are those who received risk assessments or care coordination, and those who use Title X family planning services (Part II, Section 7.1).

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## **Part I: Progress Toward Evaluation Goals**



## Goal 1. Addressing Disparities in Enrollment

***Increase the portion of income eligible women, ages 19 –55 enrolled in Plan First and reduce race/ethnicity and geographic disparities among enrollees. Our goal is to enroll 80% of all eligible clients (based on census estimates of the eligible population) under age 40 across all race/ethnicity and geographic area groups, thereby eliminating disparities across these groups. Census data will be used to generate estimates of the eligible population.***

***Hypotheses:*** We anticipate that the composition of the enrolled population will be demographically similar to the population of eligible participants because of programmatic features designed to reduce barriers to enrollment, such as automatic enrollment following delivery and allowing re-enrollment through Express Lane Eligibility. However, we do not expect the enrolled population to reflect the exact distribution of eligible women because enrollment in the program is voluntary.

### 1.1. Findings: Statewide Disparities

Statewide, enrollment for Black women ages 19-24 and 25-34 is at approximately 75% of the goal. For non-Hispanic White women, enrollment is 44% of the goal for ages 19-24 and 56% of the goal for women ages 25-34. As expected, Plan First enrollment rates are much lower for women age 35 and older. In contrast to previous years, enrollment rates are higher for women classified as “other” ethnicity, including Hispanic, Asian and American Indian women, compared with White women. Census estimates are based on county-level American Community Survey (ACS) data, averaged over 2012-2016.

**Table 1.1. Estimated portion of Plan First Eligibles Enrolled Statewide, by age and race/ethnicity**

	White			Black			Other			Total
	ACS Estimate	Enrolled DY17	% Enrolled	ACS Estimate	Enrolled DY17	% Enrolled	ACS Estimate	Enrolled DY17	% Enrolled	% Enrolled
19-24	49,876	17,598	35.3	36,355	21,929	60.3	7,650	3,305	43.2	45.6
25-34	47,509	21,120	44.5	50,292	29,762	59.2	11,292	3,253	28.8	49.6
35-44	36,784	6,513	17.7	33,751	10,569	31.3	8,334	1,226	14.7	23.2
45-54	38,628	1,559	4.0	29,171	2,295	7.9	3,535	291	8.2	5.8

## 1.2. Findings – Disparities by PHA

Overall, enrollment among eligible women 19-24 and 25-34 is higher than the statewide average in PHA 7 (southwestern Alabama), PHA 9 (southern coast), PHA 10 (southeastern Alabama), and PHA 11 (Mobile County), and lower in PHA 2 (Madison/Limestone Counties), PHA 4 (Jefferson County) and PHA 8 (Montgomery County). Differences in enrollment patterns by race are observable across all of the Public Health Areas and are similar to those observed statewide. Black women under age 35 tend to have the highest enrollment rates, relative to the number eligible. PHA 3 (Tuscaloosa County), PHA 4 (Jefferson County), and PHA 8 (Montgomery County) also are notable for the relatively lower enrollment rates for White women ages 19-24.

**Table 1.2 Estimated portion of Plan First Eligibles Enrolled – by PHA**

	White			Black			Other			Total
	ACS Estimate	Enrolled DY17	% Enrolled	ACS Estimate	Enrolled DY17	% Enrolled	ACS Estimate	Enrolled DY17	% Enrolled	% Enrolled
<b>PHA1</b>										
19-24	4,574	2,342	51.2	544	545	100.2	446	243	54.5	56.3
25-34	5,762	2,338	40.6	914	660	72.2	576	165	28.6	43.6
35-44	4,023	750	18.6	578	232	40.1	628	68	10.8	20.1
45-54	4,558	197	4.3	682	57	8.4	253	18	7.1	5.0
<b>PHA2</b>										
19-24	6,474	2,943	45.5	2,989	1,613	54.0	2,014	638	31.7	19.6
25-34	8,064	4,214	52.3	4,296	2,452	57.1	3,025	726	24.0	20.7
35-44	7,523	1,194	15.9	2,298	800	34.8	2,318	276	11.9	8.9
45-54	6,900	292	4.2	2,093	156	7.5	817	39	4.8	5.0
<b>PHA3</b>										
19-24	6,599	928	14.1	3,334	1,658	49.7	544	148	27.2	26.1
25-34	2,333	965	41.4	3,308	2,183	66.0	574	133	23.2	52.8
35-44	1,627	286	17.6	2,073	740	35.7	416	27	6.5	25.6
45-54	1,933	64	3.3	1,689	146	8.6	44	7	15.9	5.9
<b>PHA4</b>										
19-24	4,289	631	14.7	6,548	3,298	50.4	699	304	43.5	36.7
25-34	3,643	1,050	28.8	10,278	5,401	52.5	1,529	360	23.5	44.1
35-44	3,048	405	13.3	6,556	2,141	32.7	1,087	157	14.4	25.3
45-54	3,024	122	4.0	5,961	418	7.0	339	45	13.3	6.3
<b>PHA5</b>										
19-24	4,435	2,365	53.3	787	590	75.0	846	401	47.4	55.3
25-34	6,455	2,699	41.8	961	809	84.2	1,443	397	27.5	44.1
35-44	5,072	866	17.1	867	259	29.9	1,264	155	12.3	17.8
45-54	5,592	182	3.3	535	58	10.8	521	35	6.7	4.1

<b>PHA6</b>										
19-24	3,187	1,895	59.5	2,376	1,666	70.1	323	215	66.6	64.2
25-34	4,296	2,021	47.0	3,830	1,936	50.5	365	149	40.8	48.4
35-44	2,785	533	19.1	2,503	607	24.3	333	53	15.9	21.2
45-54	3,110	130	4.2	1,806	105	5.8	356	17	4.8	4.8
<b>PHA7</b>										
19-24	597	302	50.6	2,958	2067	69.9	139	92	66.2	66.6
25-34	673	267	39.7	3,765	2243	59.6	43	49	114.0	57.1
35-44	709	96	13.5	3,115	885	28.4	118	17	14.4	25.3
45-54	320	10	3.1	3,138	273	8.7	35	4	11.4	8.2
<b>PHA8</b>										
19-24	10,227	1,625	15.9	7,594	4,062	53.5	859	407	47.4	32.6
25-34	5,030	2,005	39.9	10,407	5,789	55.6	1,929	417	21.6	47.3
35-44	3,946	566	14.3	6,546	1,860	28.4	1,053	138	13.1	22.2
45-54	3,663	148	4.0	5,217	446	8.5	338	48	14.2	7.0
<b>PHA9</b>										
19-24	3,292	1,707	51.9	2,356	1,592	67.6	687	242	35.2	55.9
25-34	3,790	2,023	53.4	2,897	1,812	62.5	454	237	52.2	57.0
35-44	2,996	676	22.6	2,538	687	27.1	240	94	39.2	25.2
45-54	3,992	150	3.8	2,631	159	6.0	205	13	6.3	4.7
<b>PHA10</b>										
19-24	3,122	1615	51.7	2,448	1,921	78.5	603	305	50.6	62.2
25-34	3,477	1708	49.1	3,685	2,163	58.7	806	249	30.9	51.7
35-44	2,660	447	16.8	2,652	691	26.1	446	73	16.4	21.0
45-54	2,485	113	4.5	1,992	136	6.8	324	12	3.7	5.4
<b>PHA11</b>										
19-24	3,080	1,245	40.4	4,421	2,917	66.0	490	310	63.3	56.0
25-34	3,986	1,830	45.9	5,951	4,314	72.5	548	371	67.7	62.1
35-44	2,395	694	29.0	4,025	1,667	41.4	431	168	39.0	36.9
45-54	3,051	151	4.9	3,427	341	10.0	303	53	17.5	8.0

### 1.3. Findings – Statewide Disparities in Enrollment Renewal

Another way of looking at disparities in enrollment is to examine which groups of enrollees did not renew their Plan First enrollment in the following year. Overall, 32% of enrollees did not re-enroll in the following year, and this was similar across age groups. Re-enrollment is more common for Black women and for women who made contact with a family planning provider or had a clinical visit.

**Table 1.3 Portion of DY16 Enrollees who Re-Enrolled in DY17 - Statewide**

	<b>N</b>	<b>% Total</b>		<b>No Renewal</b>	<b>Renewal</b>
<b>All</b>	131,277	--		31.8	68.2
Age 18-24	42,141	32.1		33.5	66.5
Age 25-34	62,952	47.9		31.6	68.4
Age 35-44	21,001	16.0		28.7	71.3
Age 45-54	5,183	4.0		33.1	66.9
White	53,929	41.1		36.0	64.0
Black	69,944	53.3		28.7	71.2
Hispanic	2,542	1.9		30.6	69.4
Other race/ethnicity	4,862	3.7		30.6	69.3
No Plan First Contact	71,503	54.5		34.9	65.1
Any Plan First Contact	59,774	45.5		28.2	71.8
No Plan First Clinical Visit	91,027	69.3		35.0	65.0
Any Plan First Clinical Visit	40,250	30.7		24.6	75.4
Any Plan First Visit with LARC*	1,996	5.0		22.1	77.9
Any Plan First Visit with no LARC*	38,254	95.0		24.8	75.2
No Case Management	111,802	85.2		32.7	67.3
Any Case Management	19,475	14.8		26.8	73.2
Received Tubal	400	0.3		29.2	70.7

\*Among those with a Plan First visit

## 1.4 Findings- Disparities in Enrollment Renewal by PHA

A similar renewal pattern is seen across all Public Health Areas (PHAs). Black women are somewhat more likely to renew enrollment relative to women in other racial/ethnic groups. The greatest difference in renewal is between women who have made contact with a family planning provider and those who have not. Renewals are highest in PHA 7, which also has one of the highest portion of women who have made contact with a family planning provider (59%), and in PHA 11 (73%). PHAs 1 and 5 had the lowest rate of renewal between DY16 and DY17 (64%).

**Table 1.4 Portion of DY16 Enrollees who Re-Enrolled in DY17 – by PHA**

	N	% Total		No Renewal	Renewal
<b>PHA 1</b>					
<b>All</b>	8,632	--		36.0	64.0
Age 18-24	3,181	36.8		37.1	62.9
Age 25-34	3,899	45.2		37.0	63.0
Age 35-44	1,222	14.2		31.2	68.8
Age 45-54	330	3.8		31.5	68.5
White	6,509	75.4		37.1	62.9
Black	1,647	19.1		32.3	67.7
Hispanic	166	1.9		36.1	63.9
Other race/ethnicity	310	3.6		32.6	67.4
Any Plan First Contact	4,621	53.5		34.4	65.6
No Plan First Contact	4,011	46.5		37.8	62.3
Any Plan First Clinical Visit	3,092	35.8		30.1	69.9
No Plan First Clinical Visit	5,540	64.2		39.3	60.7
Any Plan First Visit with LARC*	177	5.7		22.0	78.0
Any Plan First Visit with no LARC*	2,915	94.3		30.6	69.4
Any Case Management	1,707	19.8		32.2	67.8
No Case Management	6,925	80.2		36.9	63.1
Received Tubal	36	0.4		27.8	72.2
<b>PHA 2</b>					
<b>All</b>	17,032	--		33.4	66.6
Age 18-24	5,121	30.1		34.6	65.4
Age 25-34	8,626	50.6		33.2	66.7
Age 35-44	2,659	15.6		31.5	68.5
Age 45-54	626	3.7		33.6	66.4
White	10,042	59.0		35.4	64.6
Black	5,468	32.1		30.8	69.2
Hispanic	693	4.1		37.6	72.4

	<b>N</b>	<b>% Total</b>		<b>No Renewal</b>	<b>Renewal</b>
Other race/ethnicity	829	4.9		31.5	68.5
Any Plan First Contact	6,527	61.7		30.0	70.0
No Plan First Contact	10,505	38.3		35.5	64.5
Any Plan First Clinical Visit	4,244	24.9		26.1	73.9
No Plan First Clinical Visit	12,788	75.1		35.8	64.2
Any Plan First Visit with LARC*	302	7.1		26.2	73.8
Any Plan First Visit with no LARC*	3,942	92.9		26.0	74.0
Any Case Management	1,266	7.4		28.4	71.6
No Case Management	15,766	92.6		33.8	66.2
Received Tubal	80	0.5		28.7	71.2

### PHA 3

<b>All</b>	8,234	--		30.9	69.1
Age 18-24	2,899	35.2		34.3	65.7
Age 25-34	3,876	47.1		29.8	70.2
Age 35-44	1,202	14.6		25.9	74.1
Age 45-54	257	3.1		31.1	68.9
White	2,653	32.2		36.3	63.7
Black	5,262	63.9		28.2	71.8
Hispanic	71	0.9		35.2	64.8
Other race/ethnicity	248	3.0		28.6	71.4
Any Plan First Contact	4,139	50.3		29.2	70.8
No Plan First Contact	4,095	49.7		32.6	67.4
Any Plan First Clinical Visit	2,683	32.6		25.9	74.1
No Plan First Clinical Visit	5,551	67.4		33.2	66.8
Any Plan First Visit with LARC*	109	4.1		16.5	83.5
Any Plan First Visit with no LARC*	2,574	95.9		26.3	73.7
Any Case Management	1,792	21.8		25.3	74.7
No Case Management	6,442	78.2		32.4	67.6
Received Tubal	31	0.4		19.3	80.6

### PHA 4

<b>All</b>	15,936	--		31.9	68.1
Age 18-24	4,111	25.8		33.7	66.3
Age 25-34	7,996	50.2		32.1	67.9
Age 35-44	3,095	19.4		28.8	71.2
Age 45-54	734	4.6		33.8	66.2
White	2,607	16.4		37.9	62.1

	N	% Total		No Renewal	Renewal
Black	12,522	78.6		30.7	69.3
Hispanic	269	1.7		27.9	72.1
Other race/ethnicity	538	3.4		33.3	66.7
Any Plan First Contact	5,283	33.1		25.9	74.1
No Plan First Contact	10,653	66.8		34.9	65.1
Any Plan First Clinical Visit	3,720	23.3		23.9	76.1
No Plan First Clinical Visit	12,216	76.7		34.4	65.6
Any Plan First Visit with LARC*	130	3.5		26.1	73.8
Any Plan First Visit with no LARC*	3,590	96.5		23.8	76.2
Any Case Management	946	5.9		25.3	74.7
No Case Management	14,990	94.1		32.4	67.6
Received Tubal	13	0.1		38.5	61.5

#### PHA 5

<b>All</b>	10,105	--		35.9	64.1
Age 18-24	3,455	34.2		37.1	62.9
Age 25-34	4,757	47.1		36.0	64.0
Age 35-44	1,538	15.2		32.2	67.7
Age 45-54	355	3.5		37.7	32.2
White	7,108	70.3		36.9	63.1
Black	1,994	19.7		34.6	65.4
Hispanic	564	5.6		30.0	70.0
Other race/ethnicity	439	4.3		32.6	67.4
Any Plan First Contact	4,433	43.9		33.1	66.9
No Plan First Contact	5,672	56.1		38.1	61.9
Any Plan First Clinical Visit	2,860	28.3		28.6	71.4
No Plan First Clinical Visit	7,245	71.7		38.8	61.2
Any Plan First Visit with LARC*	143	5.0		21.0	79.0
Any Plan First Visit with no LARC*	2,717	95.0		29.0	71.0
Any Case Management	1,785	17.7		30.4	69.6
No Case Management	8,320	82.3		37.1	62.9
Received Tubal	36	0.4		33.3	66.7

#### PHA 6

<b>All</b>	10,449	--		32.6	67.4
Age 18-24	3,835	36.7		33.5	66.5
Age 25-34	4,914	47.0		32.4	67.6
Age 35-44	1,385	13.2		30.5	69.5
Age 45-54	315	3.0		33.3	66.7

	N	% Total		No Renewal	Renewal
White	5,326	51.0		35.1	64.9
Black	4,766	45.6		30.3	69.7
Hispanic	106	1.0		27.4	72.6
Other race/ethnicity	251	2.4		25.5	74.5
Any Plan First Contact	5,393	51.6		30.1	69.9
No Plan First Contact	5,056	48.4		35.3	64.7
Any Plan First Clinical Visit	3,593	34.4		27.2	72.8
No Plan First Clinical Visit	6,856	65.6		35.4	64.6
Any Plan First Visit with LARC*	199	5.5		20.1	79.9
Any Plan First Visit with no LARC*	3,394	94.5		27.6	72.4
Any Case Management	1,694	16.2		29.2	70.8
No Case Management	8,755	83.8		33.3	66.7
Received Tubal	30	0.3		43.3	56.7

#### PHA 7

All	6,640	--		26.6	73.4
Age 18-24	2,316	34.9		27.7	72.3
Age 25-34	2,887	43.5		26.7	73.3
Age 35-44	1,094	16.5		22.7	77.3
Age 45-54	343	5.2		30.9	69.1
White	735	11.1		34.3	65.7
Black	5,767	86.8		25.6	74.4
Hispanic	18	0.3		50.0	50.0
Other race/ethnicity	120	1.8		22.5	77.5
Any Plan First Contact	3,944	59.4		23.9	76.1
No Plan First Contact	2,696	40.6		30.6	69.4
Any Plan First Clinical Visit	2,716	40.9		20.7	79.3
No Plan First Clinical Visit	3,924	59.1		30.7	69.3
Any Plan First Visit with LARC*	61	2.3		27.9	72.1
Any Plan First Visit with no LARC*	2,655	97.7		20.5	79.5
Any Case Management	2,358	35.5		22.9	77.1
No Case Management	4,282	64.5		28.6	71.3
Received Tubal	13	.02		30.8	69.2

#### PHA 8

All	19,061	--		32.0	68.0
Age 18-24	5,991	31.4		33.8	66.2
Age 25-34	9,448	49.6		32.0	68.0



	<b>N</b>	<b>% Total</b>		<b>No Renewal</b>	<b>Renewal</b>
Age 35-44	2,837	14.9		27.8	72.2
Age 45-54	785	4.1		32.7	67.3
White	4,979	26.2		36.9	63.1
Black	13,210	69.3		30.1	69.9
Hispanic	200	1.0		33.3	67.0
Other race/ethnicity	672	3.5		32.0	68.0
Any Plan First Contact	8,347	43.8		28.0	72.0
No Plan First Contact	10,714	56.2		35.1	64.9
Any Plan First Clinical Visit	5,807	30.5		24.1	75.9
No Plan First Clinical Visit	13,254	69.5		35.4	64.6
Any Plan First Visit with LARC*	265	4.6		24.1	75.8
Any Plan First Visit with no LARC*	5,542	95.4		24.1	75.9
Any Case Management	1,735	9.1		26.9	73.1
No Case Management	17,326	90.9		32.5	67.5
Received Tubal	33	0.2		30.3	69.7

#### PHA 9

<b>All</b>	10,277	--		32.0	68.0
Age 18-24	3,489	34.0		34.3	65.7
Age 25-34	4,716	45.9		31.4	68.6
Age 35-44	1,668	16.2		28.8	71.2
Age 45-54	404	3.9		31.9	68.1
White	5,215	50.7		36.1	63.9
Black	4,541	44.2		27.4	72.6
Hispanic	136	1.3		30.9	69.2
Other race/ethnicity	385	3.7		31.2	68.8
Any Plan First Contact	5,027	48.9		28.6	71.4
No Plan First Contact	5,250	51.1		35.2	64.8
Any Plan First Clinical Visit	3,449	33.6		24.6	75.4
No Plan First Clinical Visit	6,828	66.4		35.7	64.3
Any Plan First Visit with LARC*	167	4.8		21.6	78.4
Any Plan First Visit with no LARC*	3,282	95.2		24.8	75.2
Any Case Management	2,305	22.4		28.4	71.6
No Case Management	7,972	77.6		33.0	67.0
Received Tubal	36	0.3		30.6	69.4

#### PHA 10

<b>All</b>	10,062	--		31.0	68.9

	<b>N</b>	<b>% Total</b>		<b>No Renewal</b>	<b>Renewal</b>
Age 18-24	3,667	36.4		33.2	66.8
Age 25-34	4,670	46.4		29.7	70.3
Age 35-44	1,404	13.0		29.3	70.7
Age 45-54	321	3.2		34.3	65.7
White	4,420	43.9		35.9	64.1
Black	5,111	50.8		26.7	73.2
Hispanic	165	1.6		35.8	64.2
Other race/ethnicity	366	3.6		29.8	70.2
Any Plan First Contact	5,615	55.8		27.5	72.5
No Plan First Contact	4,447	44.2		35.5	64.5
Any Plan First Clinical Visit	3,697	36.7		23.7	76.3
No Plan First Clinical Visit	6,365	63.3		35.3	64.7
Any Plan First Visit with LARC*	195	5.3		21.5	78.5
Any Plan First Visit with no LARC*	3,502	94.7		23.8	76.2
Any Case Management	2,929	29.1		25.0	75.0
No Case Management	7,133	70.9		33.5	66.5
Received Tubal	34	0.3		29.4	70.6

#### **PHA 11**

<b>All</b>	14,846	--		27.3	72.7
Age 18-24	4,076	27.5		28.2	71.8
Age 25-34	7,163	48.2		26.7	73.2
Age 35-44	2,897	19.5		26.2	73.8
Age 45-54	713	4.8		32.8	67.2
White	4,335	29.2		33.2	66.8
Black	9,656	65.0		24.5	75.5
Hispanic	154	1.0		34.4	65.6
Other race/ethnicity	704	4.7		28.4	71.6
Any Plan First Contact	6,445	43.4		21.3	78.7
No Plan First Contact	8,404	56.6		31.9	68.1
Any Plan First Clinical Visit	4,389	29.6		18.5	81.5
No Plan First Clinical Visit	10,460	70.4		31.0	69.0
Any Plan First Visit with LARC*	248	5.6		16.9	83.1
Any Plan First Visit with no LARC*	4,141	94.3		18.6	81.4
Any Case Management	958	6.5		20.5	79.5
No Case Management	13,891	93.5		27.8	72.2
Received Tubal	58	0.4		22.4	77.6

## 1.5. Findings – Primary Factors Associated with Non-Renewal

In order to take into account the overlap across characteristics of women who do and do not renew their Plan First enrollment, we conducted a statistical analysis that takes all features into account, and examines which ones are associated with re-enrollment from DY16 into DY17. Cases where women received sterilization procedures in DY16 and cases where women had a delivery in 2016 were excluded. The analysis shows that the strongest factor associated with re-enrolling in Plan First in DY17 is having a clinical encounter with a family planning provider in DY16. Taking this into account, women 25-44 are actually more likely to renew than women 19-24, as are Black and Hispanic women. Women entering Plan First in 2016 postpartum and whose clinical encounters included LARC (vs another method) also are more likely to renew. Finally, when all of these factors are taken into account, residents of all Public Health Areas, except PHA 5 (Gadsen), were more likely to renew their enrollment in DY17, compared to PHA 1.

This suggests that some part of the racial and geographic disparities in the portion of women enrolled in Plan First occurs because White women and younger women are less likely to renew their enrollment.

**Table 1.5 Factors associated with Re-enrollment in Plan First in DY17**

	Odds Ratio	95% Confidence Limits		Probability compared to chance
<b>Age</b>				
Age 25-34 (vs 18-24)	1.136	1.106	1.167	More likely
Age 35-44 (vs 18-24)	1.363	1.313	1.415	More likely
Age 45-55 (vs 18-24)	1.146	1.076	1.220	More likely
<b>Race/ethnicity</b>				
Black (vs White)	1.285	1.251	1.319	More likely
Hispanic (vs White)	1.265	1.159	1.380	More likely
Other (vs White)	1.092	1.011	1.178	More likely
<b>Recent program participation</b>				
Pregnant in 2015	1.120	1.085	1.156	More likely
Entered postpartum in 2016	1.098	1.044	1.156	More likely
<b>Service use 2016</b>				
Clinical visit in 2016	1.628	1.580	1.678	More likely
Long Acting contraceptive in 2016 (IUD, implant)	1.202	1.078	1.341	More likely
Case Management in 2016	1.060	1.019	1.103	More likely
<b>Public Health Area</b>				
PHA 2 (vs PHA 1)	1.127	1.066	1.191	More likely
PHA 3 (vs PHA 1)	1.143	1.070	1.221	More likely
PHA 4 (vs PHA 1)	1.089	1.028	1.155	More likely
PHA 5 (vs PHA 1)	1.022	0.962	1.086	No difference
PHA 6 (vs PHA 1)	1.100	1.035	1.170	More likely
PHA 7 (vs PHA 1)	1.278	1.188	1.375	More likely
PHA 8 (vs PHA 1)	1.086	1.027	1.148	More likely
PHA 9 (vs PHA 1)	1.128	1.061	1.200	More likely
PHA 10 (vs PHA 1)	1.141	1.072	1.214	More likely
PHA 11 (vs PHA 1)	1.362	1.284	1.445	More likely

## **Conclusions- Reducing Disparities in Enrollment**

Enrollment for Black women residents of Alabama who are ages 19-24 and 25-34 is below the target rate, at 60% and 59% of those estimated to be eligible, respectively. Enrollment is even lower for White women, 35% for those age 19-24 and 44% for those age 25-34. More urban areas of the state tended to have more racial disparity in enrollment. About 32% of enrolled women in DY16 failed to re-enroll in DY17. Those most likely to renew their enrollment from one year to the next are women who had contact with a Plan First provider. When service use is taken in to account, there is a fall-off in enrollment for White women and younger women.

## Goal 2. Maintaining High Levels of Awareness of Plan First

*Maintain the high level of awareness of the Plan First program among program enrollees. Our goal is that 90% of surveyed enrollees will have heard of the program and 85% of these will be aware that they are enrolled in the program. Telephone surveys of enrollees will be used to track changes in levels of awareness of the program and enrollment in the program.*

*Hypothesis: Since Plan First is a well-established program, we expect that the majority of women enrolled will have heard of it and will be aware that they are enrolled.*

### 2.1. Findings- Awareness of Plan First and Enrollment Status

Awareness of Plan First among enrollees over the last 2 years\* exceeds the target of 90%. The percentage of those who are aware of Plan First and know that they are enrolled in program meets the 85% target.

**Table 2.1. Awareness of Plan First**

	Had heard of Plan First Before Call (%)	Aware of enrollment (%)	
		Among all surveyed	Among those who had heard of Plan First
DY1	76.8	56.2	73.1
DY2	82.5	64.2	77.9
DY3-4	81.0	64.9	80.2
DY5	85.3	63.6	74.9
DY6	86.8	70.2	82.5
DY7	92.9	80.8	87.1
DY8	88.9	85.3	85.9
DY9	90.8	79.7	87.8
DY10	88.7	78.3	88.2
DY11	90.1	79.3	88.1
DY12	88.7	77.2	87.0
DY13	89.9	79.9	88.9
DY14	90.1	74.9	83.2
DY15	92.6	78.8	85.0
DY16	91.1	77.6	85.2
DY17*	91.9	78.2	85.1

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

## 2.2. Findings – Characteristics of Women Who Do Not Know They are Plan First Enrollees

Over the last 2 years,\* approximately 22% of survey respondents did not know they were enrolled in Plan First, and of these women 35% had not heard of Plan First. Comparing the responses of these women to those who knew they were enrolled shows that those who did not know they were enrolled were less likely to have had a family planning visit, less likely to be using contraception, and were more concerned about the affordability of a family planning visit and contraception. They also were more likely to have less than a high school education, be Black or Hispanic and more likely to report difficulty getting a timely appointment or finding a provider they wanted to see that accepted Medicaid.

**Table 2.2. Characteristics of survey respondents according to awareness of enrollment in Plan First**

Characteristic	Know Enrolled n=1,749 (78.2%)	Do Not Know Enrolled n=488 (21.8%)
	(%)	(%)
<b>Family planning visit<sup>†</sup></b>		
In last year	65.5	49.8
More than year ago	23.3	25.4
Never	5.3	18.2
<b>Reason for no visit in last year<sup>†</sup></b>		
I did not think I needed one	21.5	16.0
I was too busy to arrange an appointment	29.9	16.7
I couldn't afford it	4.3	20.5
I did not want to go to the place I went before	2.7	0.0
The place I went before could not see me	3.3	3.2
Other	34.6	36.5
<b>Reasons for not using family planning</b>		
Don't like exam <sup>†</sup>	3.9	5.3
No provider you wanted to see <sup>†</sup>	7.9	9.0
Hard to reach on the phone <sup>†</sup>	6.5	9.8
Couldn't get appointment soon enough <sup>†</sup>	9.9	13.7
Waiting time too long at location*	12.7	15.4
Hours not convenient <sup>†</sup>	4.6	5.5
No transportation <sup>†</sup>	3.0	5.9
Family member opposes <sup>†</sup>	0.5	1.0
No child care <sup>†</sup>	3.5	4.3
No money to pay for visit <sup>†</sup>	7.0	19.9
Preferred provider does not take Medicaid <sup>†</sup>	10.5	15.8
<b>Any birth control method used<sup>†</sup></b>	85.0	73.7
<b>Reasons for not using birth control</b>		
Not having sex	38.0	42.3

Characteristic	Know Enrolled n=1,749 (78.2%)	Do Not Know Enrolled n=488 (21.8%)
Want to get pregnant	22.3	20.9
Concerned about side effects	60.0	58.1
Don't think birth control works	19.1	26.7
Religious reasons	4.1	4.6
Too much trouble	8.2	5.8
Don't think you can get pregnant	21.8	19.8
Partner doesn't want you to	9.1	8.1
Can't pay for method†	11.8	27.9
Can't find a place to go†	8.2	20.9
<b>Demographics</b>		
<b>Ever pregnant</b>	89.4	89.4
<b>Mean age</b>	29.2	29.1
<b>Education†</b>		
< high school	7.0	9.0
high school	36.2	41.6
more than high school	56.9	49.4
<b>Race/ethnicity†</b>		
White	44.0	38.3
Black	50.3	52.7
Hispanic	2.8	6.2
Other	2.9	2.9
<b>Marital Status</b>		
Never married	57.7	61.4
Married	25.8	25.9
Previously married	16.5	12.7

\* Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

† difference is significant between those who know they are enrolled and those who do not know they are enrolled

## Conclusions – Maintaining High Levels of Awareness of Plan First

Overall awareness of Plan First remains quite high (>90%) among enrollees. However, just over 20% of enrollees are not aware of their enrollment status, including the 8% who report they have never heard of Plan First, and another 14% who have heard of the program but did not know they were enrolled. Some of these are women who are concerned about the safety and effectiveness of contraception and thus may not have an incentive to learn about Plan First. However, others are women who do use contraception, and have concerns about affordability and access to services, which reflect the fact that they are not aware of their enrollment status.

## Goal 3. Increasing Family Planning Service Use among Plan First Enrollees

*Increase the portion of Plan First enrollees using family planning services initially after enrollment and in subsequent years of enrollment by improving access to services and increasing the rate of return visits for care. Our goal is to have 70% utilization of services by the end of the three-year period, along with a 70% rate for 12 and 24-month return visits for individuals using services during the renewal period. Data will be generated from eligibility data and Plan First service use.*

*Hypothesis: We expect that participation will be somewhat lower for women using long-acting reversible contraception (IUDs and implant) compared to women receiving short-acting hormonal methods. We also expect both groups of women to have higher participation rates than those enrolled without claims for clinical services.*

### 3.1. Findings – Participation and Clinical Service Use

Participation, or “contact,” in Plan First is defined as having an interaction that generates a Medicaid claim, while clinical service use, or “service,” is defined as having a Medicaid claim for an evaluation and management encounter, for the placement of an IUD, hormonal patch, or implant, for the receipt of a Depo-Provera injection, or for a surgical sterilization procedure. Table 3.1 shows that 32% of enrollees in DY17 had contact with Plan First, while just over one quarter received a clinical service.

Rates of contact exceed target levels for two sub-groups of Plan First enrollees: new enrollees who received LARC or other contraceptives at a postpartum visit and previous enrollees who received a non-LARC method in the prior year (100% contact). Rates of contact are lowest (<38%, or about half of the target rate), for enrollees with no use of family planning services.

Clinical service use exceeds the target rate for new enrollees who received LARC or other contraceptives at a postpartum visit and previous enrollees who received a non-LARC method in the prior year (>67% use). Clinical service use is about half of the target rate for previous enrollees who received a LARC method in a prior year and about two-fifths of the target rate for new enrollees who were not postpartum. Service use is very low (<27%) among women who had no family planning use postpartum or in the years they were previously enrolled.



**Table 3.1. Utilization Assessment for Demonstration Year 17**

	N (%)	% Initial Plan First Participation	% Participation 12 months after initial visit	% Participation 24 months after initial visit
<b>All Enrollees, DY17</b>	<b>119,432</b>	37.4% Contact 26.0% Service		
<b>New DY17 Enrollee, Postpartum</b>	<b>5,943 (5.0)</b>	32.2% contact 18.8% service	--	--
Received LARC postpartum	16 (0.3)	100% contact 100% service	--	--
Received other method postpartum	46 (0.8)	100% contact 67.4% service	--	--
Received no method postpartum	5,881 (99.0)	37.5% contact 27.4% service	--	--
<b>New DY17 Enrollee, Not Postpartum</b>	<b>23,992 (20.1)</b>	40.3% contact 30.3% service	--	--
<b>Enrolled DY16 &amp; DY17</b>	<b>26,045 (21.8)</b>	39.2% contact 26.3% service		--
Received LARC DY16	436 (1.7)	--	38.5% contact 23.6% service	--
Received other method DY16	6,662 (25.6)	--	100% contact 100% service	--
Received no method DY16	18,947 (72.7)	17.9% contact 0.5% service	--	--
<b>Enrolled DY15 - DY17</b>	<b>63,452 (53.1)</b>	37.1% contact 26.1% service		
Received LARC DY15 or DY16	2,325 (3.7)	--	--	42.6% contact 32.4% service
Received other method DY15 or DY16	15,591 (24.6)	--	--	100% contact 100% service
Received no method DY15 or DY16	45,536 (71.8)	15.3% contact 0.5% service	--	--

-- Not applicable

### 3.2. Findings – Content of Contacts Without Clinical Services

Overall, about one third of all Demonstration Year 17 enrollees who participated, or had any claim in Plan First, did not receive clinical services. Table 3.2 shows that about 25% of those without clinical service use had an interaction with a care manager. Approximately one-quarter had laboratory testing, but no claim for a clinical service and just under one-third filled a prescription. Some care manager contact represents attempted contacts in which the client was not actually reached.

**Table 3.2 Content of contacts for those with and without clinical services**

	<b>Enrollees with Clinical Services</b> n= 35,446 (67.7%)	<b>Enrollees without Clinical Services</b> n=16,913 (32.3%)
Risk Assessment by Social Worker	16,690 (47.1)	4,135 (24.4)
High Risk with Case Management	4,114 (11.6)	962 (5.7)
High Risk No Case Management	18 (0.1)	10 (0.1)
Low Risk with Case Management	7,120 (20.1)	1,612 (9.5)
Low Risk No Case Management	5,438 (15.3)	1,551 (9.2)
No Risk Assessment, with Case Management	2,380 (6.7)	2,739 (16.2)
HIV Counseling	16,358 (46.2)	2,261 (13.4)
Laboratory test	28,525 (80.5)	4,486 (26.5)
Pregnancy test	23,605 (66.6)	428 (2.5)
Prescription filled	7,171 (20.2)	6,318 (37.4)
BC Pills at pharmacy	1,463 (4.1)	2,540 (15.0)
BC Pills from Clinical Site	9,787 (27.6)	1,697 (10.0)

### Conclusions – Increasing Family Planning Service Use

In previous Plan First evaluations, we have reported overall rates of participation without exploring differences across sub-groups of enrollees, and without differentiating between participation for first year enrollees and for enrollees in subsequent years. With this analysis, it is clear that there is a sub-group of enrollees whose participation meets the target rate of 70% use: enrollees who have used shorter acting reversible contraception (e.g. injectable contraceptives, oral contraceptive pills) for at least a year. Women using long-acting reversible contraception (LARC) for at least a year also participate in subsequent years, but at a lower rate (38%). Participation is also lower for new enrollees who are not postpartum ( $\leq 39\%$ ). Women with no evidence of any use of contraception services in previous years have the lowest participation ( $<20\%$ ). Women with Plan First participation but no actual clinical service use are about evenly divided between those with case management contact only, and those who fill contraceptive prescriptions but have no clinical contact.

## Goal 4. Increasing Use of Smoking Cessation Modalities

*Past survey data suggest that approximately one third of Plan First enrollees are cigarette smokers, and 85% of these were advised by their family planning provider to quit smoking. Our goal is that 25% of Plan First service users (85% of the 30% who are smokers) will receive either a covered Nicotine Reduction Therapy (NRT) prescription, a referral to the Quit Line, or both. Data will be generated from claims for NRT products, from client information provided by the Quit Line contractor, and from the enrollee survey.*

*Hypothesis: We expect that the majority of enrolled smokers will report that their health care provider advised them to quit smoking and about half will report they were provided with information about smoking cessation services.*

### 4.1. Findings- Survey Data

Over the last 2 years,\* the enrollee survey has shown a decrease in the portion of survey respondents who reported they were smokers compared to the baseline year (DY11). The percentage who were asked about smoking by their Plan First provider and the percentage that were advised by their provider to quit smoking were notably higher than in DY11-DY13 when we began reporting on these outcomes. Although the portion receiving either a referral to the Quit Line or an NRT product did not meet the target 85% (currently at 65%), there was an increase over the previous years.

**Table 4.1. Smoking Cessation Based on Enrollee Survey Data**

	DY11 N (%)	DY12 N (%)	DY13 N (%)	DY14 N (%)	DY15 N (%)	DY16 N (%)	DY17* N (%)
	(baseline)	(NRT covered)					
Reported Smoking	343 (36.3)	317 (30.8)	312 (30.5)	283 (28.6)	269 (25.8)	265 (26.1)	534 (26.0)
Asked about smoking at FP visit	313 (91.2)	281 (88.6)	268 (85.9)	265 (93.6)	248 (92.2)	240 (90.6)	488 (91.4)
Advised to quit by FP provider	245 (71.4)	267 (84.2)	215 (68.9)	212 (80.0)	205 (82.7)	197 (82.1)	402 (82.4)
Received NRT	94 (27.4)	104 (32.8)	100 (32.0)	111 (41.9)	121 (48.8)	112 (46.7)	233 (47.7)
Referred to Quit Line	115 (33.5)	122 (38.5)	119 (38.1)	110 (41.5)	132 (53.2)	133 (55.4)	265 (54.3)
Received either NRT or Quit Line referral	148 (43.1)	155 (48.9)	151 (48.4)	149 (56.2)	158 (63.7)	158 (65.8)	316 (64.7)
Paid out of pocket for NRT products	--	--	--	--	30 (12.1)	27 (11.2)	57 (11.7)

-- Not asked in Enrollee Survey

\* Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

## 4.2 Findings- Claims and Quit Line Data

Claims and data from the Quit Line vendor indicate that very few Plan First recipients are receiving these smoking cessation services.

**Table 4.2. Smoking Cessation based on Claims and Quit Line Data**

	DY13 (baseline) N (%)	DY14 (baseline) N (%)	DY15 N (%)	DY16 N (%)	DY17 N (%)
Number of service users	75,660	68,993	63,075	64,617	52,359
Estimated number of smokers	23,076	19,732	16,273	16,865	13,613
Number receiving NRT (paid claim)	586	442	527	39	167
Number receiving Quit Line referral from care coordinator	1163	692	124*	216	155
Number (%) reporting to care coordinator that Quit Line used	356 (30.6)	153 (22.1)	--	--	--
Number (%) reporting to care coordinator that script filled for NRT	388 (33.4)	236 (34.1)	--	--	--
Number reporting to care coordinator that NRT used	337 (30.0)	213 (30.8)	--	--	--
Number reporting receiving either NRT or Quit Line use	505 (43.4)	277 (40.0)	--	--	--

\*Vendor did not begin tracking referrals until early 2015.

-- Information not collected.

## Conclusion-Increasing Use of Smoking Cessation Modalities

By report of enrollees, there has been an increase over time in the extent to which smoking cessation is discussed in family planning settings, and in the concrete advice that providers give to clients about quitting tobacco use. The estimates for DY17 indicated that 65% of smokers reported receiving either a prescription for a Nicotine Reduction Therapy or a referral to the Quit Line. However, based on claims data, there is relatively little use of prescriptions among Plan First enrollees, and a very small percentage of the estimated smokers (<1%) have contacted the Quit Line and indicated they were referred by their care coordinator.

## Goal 5. Maintaining Low Birth Rates among Plan First Service Users

**Maintain birth rates among Plan First service users that are lower than the estimated birth rates that would be occurring in the absence of the Plan First demonstration. Our goal is to maintain the overall birth rate of about 100 births per 1000 Plan First enrollees.**

*Hypothesis: We hypothesize that the birth rate among program participants will be less than the expected birth rate in the absence of the program. We also anticipate that birth rates will be lower among women who used Plan First services than those who enrolled but did not have a clinical encounter.*

### 5.1. Findings- Birth Rates

An accurate calculation of birth rates can only be made two years after the Demonstration Year, because births are counted if Plan First enrollees or service users became pregnant during the year. Birth rates for women enrolled in Plan First in DY16 were approximately one-third of the estimated birth rate that would have occurred without the waiver (based on fertility rates in 1999, before the start of Plan First). Birth rates to service users are somewhat lower than those to enrollees, which may be due to the fact that many of these women are relying on long-acting reversible or permanent contraceptive methods and have a very low risk of pregnancy. Both rates are lower than the estimated 100 births per 1000 enrollees required for the program to be budget neutral, in terms of the costs of maternity and delivery care.

**Table 5.1. Birth Rates per 1000**

	<b>Estimated birth rate if fertility rates continued at pre-waiver levels</b>	<b>Actual birth rates all enrollees – pregnancies starting during DY</b>	<b>Actual birth rates service users – pregnancies starting during DY</b>	<b>Actual birth rates non-service users – pregnancies starting during DY</b>
DY1	189.8	60.0	47.8	72.3
DY2	200.7	87.5	54.3	118.9
DY3	204.7	96.6	56.5	131.1
DY4	205.9	92.0	56.2	122.9
DY5	202.6	98.3	58.6	121.7
DY6	224.1	81.8	31.1	105.4
DY7	215.0	57.2	44.0	69.7
DY8	214.8	75.7	65.0	86.6
DY9	127.1	59.1	43.3	78.2
DY10	202.3	69.1	60.8	97.0
DY11	200.1	73.3	58.3	92.6
DY12	180.1	77.3	60.8	97.0
DY13	199.9	84.0	72.5	88.6
DY14	203.1	72.4	58.3	84.9
DY15	196.7	62.7	61.0	63.9
DY16	182.4	60.9	63.1	59.0

## **Conclusion – Maintaining Low Birth Rates among Plan First Service Users**

Birth rates vary from year to year, but remain low enough for Plan First to be budget neutral. In DY16, the most recent year for which a count of the births occurring to participants during the demonstration year can be counted, overall birth rates for participants was 63.1 per thousand and the birth rate for women who were enrolled but did not use services was 59.0 per thousand; enrollee survey data suggest many women in the latter group rely on long-acting reversible or permanent contraceptive methods and therefore have low risk of pregnancy. In contrast, the estimate of expected births, given the fertility rates before the start of the Plan First demonstration, was 182.4 per thousand for the women enrolled in the program.

## Goal 6. Provide Vasectomy Services to Qualified Enrollees

***Increase the usage of the Plan First Waiver by making sterilizations available to males ages 21 years or older. This goal will be evaluated based on the number of sterilizations performed statewide.***

***Hypothesis:*** We anticipate that men's use of vasectomy services will increase over time as awareness of this coverage option becomes more well known.

### 6.1. Findings- Use of Vasectomy Services

In DY17, 1,241 men were enrolled in Plan First, the majority of which were between ages 21-39 and White. Overall, 29 men (2.3%) obtained a vasectomy. The small percentage of enrollees obtaining services, particularly in areas with high enrollment, suggest men may experience barriers identifying and arranging visits with providers.

**Table 6.1. Vasectomies provided to men through Plan First**

	DY16		DY17	
	Number (%) enrolled	Number (%) obtaining vasectomy	Number (%) enrolled	Number (%) obtaining vasectomy
Total number of men enrolled	823	14 (1.7)	1,241	29 (2.3)
<b>Age</b>				
<21	20 (2.4)	0 (0)	47 (3.8)	1 (2.1)
21-29	331 (40.2)	3 (0.9)	494 (39.8)	12 (2.4)
30-39	317 (38.5)	7 (2.2)	475 (38.3)	12 (2.5)
≥40	155 (18.8)	4 (2.6)	225 (18.1)	4 (1.8)
<b>Race/ethnicity</b>				
White	522 (63.4)	13 (2.5)	802 (64.6)	20 (2.5)
Black	211 (35.6)	0 (0)	288 (23.2)	4 (1.4)
Other	90 (10.9)	1 (1.3)	151 (12.2)	5 (3.3)
<b>PHA</b>				
1	48 (5.8)	0 (0)	98 (7.9)	0 (0)
2	167 (20.3)	3 (1.8)	240 (19.3)	2 (0.8)
3	26 (3.2)	0 (0)	39 (3.1)	0 (0)
4	91 (11.1)	0 (0)	123 (9.9)	0 (0)
5	104 (12.6)	6 (5.7)	166 (13.4)	9 (5.4)
6	57 (6.9)	4 (7.0)	76 (6.1)	8 (10.5)
7	10 (1.2)	0 (0)	16 (1.3)	0 (0)
8	121 (14.7)	0 (0)	174 (14.0)	2 (1.1)
9	72 (8.7)	1 (1.4)	177 (9.4)	4 (3.4)
10	42 (5.1)	0 (0)	71 (5.7)	4 (5.4)
11	85 (10.3)	0 (0)	121 (9.7)	0 (0)

## 6.2 Findings - Counseling and Potential Demand around Vasectomy

Over the last 2 years,\* we asked several questions to assess the potential demand for vasectomy services. Approximately one-quarter (27%) of the women who reported counseling about female sterilization also reported that they received counseling about vasectomy, and a slightly higher percentage of women who were seen at the health department than those who went to a private doctor or other source of care reported vasectomy counseling. Among women who reported that they do not want more children, 21% said their male partner may be interested in getting a vasectomy through Plan First.

**Table 6.2. Counseling female partners and their perception of men's interest in vasectomy**

	DY15	DY16	DY17*
	N (%)	N (%)	N (%)
Women who received counseling about female sterilization & vasectomy	58 (28.7)	55 (26.1)	113 (27.4)
Health Department	26 (34.2)	20 (24.7)	46 (29.3)
Private Doctor	25 (25.0)	29 (28.7)	54 (26.9)
Other source	7 (28.0)	5 (20.0)	12 (24.0)
Partner would be interested in vasectomy through Plan First, among women who do not want more children			
Yes	94 (20.2)	113 (21.4)	207 (21.0)
No	232 (49.9)	293 (55.6)	525 (53.3)
Don't know	124 (26.7)	119 (22.6)	243 (24.7)

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

## Conclusions - Increasing Vasectomy Counseling and Use of Vasectomy Services

There were very few claims for vasectomy in DY17, the third year the service was covered by Plan First, relative to the number of men enrolled. The majority of women who get counseled about female sterilization do not receive counseling about vasectomy as well. By report of female enrollees who do not want more children, 20% of male partners may be interested in vasectomy if they could get the procedure covered by Plan First.



## **Evaluation of Plan First**

**Demonstration Year 17 (October 2016-September 2017)**

### **Part II On-Going Monitoring of the Plan First Program**

## 1. General Service Use Measured in Claims Data

### 1.1 Portion of Enrollees with Plan First Participation

The number of participants in Plan First declined between DY16 and DY17. The number of enrollees also decreased. Overall, 42% of enrollees used services, which was similar to DY16 (45%) but lower than service utilization in previous years.

**Table 1.1a. Number of Enrollees with Plan First Participation by Race and Age Group**

Group	Number of Participants						Change in # of Participants	
	DY12	DY13	DY14	DY15	DY16	DY17	DY12-DY17	DY16-DY17
Total	69,611	75,660	68,199	58,009	59,775	49,929	-19,682	-9,846
<b>Age &lt;20</b>	5,120	5,284	7,118	4,127	5,096	4,646	-474	-450
Black	2,768	2,748	3,842	2,263	2,581	2,355	-413	-226
White	2,139	2,295	3,034	1,732	2,061	1,861	-278	-200
Other	154	161	242	132	454	430	276	-24
<b>Age 20 – 29</b>	48,705	52,076	45,216	39,005	38,738	30,933	-17,772	-7,805
Black	26,906	28,678	25,363	22,578	22,010	17,521	-9,385	-4,489
White	20,434	21,866	18,421	15,149	14,829	11,485	-8,949	-3,344
Other	609	680	1,432	1,278	1,899	1,927	1,318	28
<b>Age 30 – 39</b>	12,868	14,868	12,856	12,081	13,007	11,667	-1,201	-1,340
Black	7,620	8,891	7,827	7,584	8,021	7,267	-353	-754
White	4,784	5,480	4,605	4,087	4,381	3,738	-1,046	-643
Other	213	257	424	410	605	662	449	57
<b>Age 40 +</b>	2,918	3,432	3,009	2,796	2,934	2,683	-235	-251
Black	1,666	1,934	1,763	1,714	1,716	1,613	-53	-103
White	1,158	1,370	1,131	960	1,043	869	-289	-174
Other	48	63	115	122	175	201	153	26
Race/Age not known	1,112	1,237	N/A	N/A	N/A	N/A	N/A	N/A

**Table 1.1a (Continued) Portion of Enrollees with Plan First Participation by Race and Age Group**

	Number of Enrollees					
Group	DY12	DY13	DY14	DY15	DY16	DY17
<b>Total</b>	134,495	147,263	148,060	128,473	131,287	119,420
<b>Age &lt; 20</b>	7,002	7,281	10,568	6,028	8,660	7,958
Black	3,685	3,802	5,427	3,087	4,321	3,991
White	3,084	3,215	4,744	2,718	3,558	3,211
Other	225	264	397	223	781	756
<b>Age 20 – 29</b>	89,175	93,740	91,901	80,119	77,827	67,825
Black	45,151	47,515	46,951	41,800	40,692	35,777
White	41,232	43,086	41,699	35,431	32,964	27,495
Other	2,728	3,139	3,251	2,888	4,171	4,553
<b>Age 30 – 39</b>	30,235	35,637	34,982	32,566	34,524	33,612
Black	16,590	19,227	19,001	18,176	19,332	19,171
White	12,509	15,048	14,607	13,094	13,384	12,374
Other	1,119	1,362	1,374	1,296	1,808	2,067
<b>Age 40 +</b>	8,083	10,605	10,609	9,760	10,276	10,025
Black	4,321	5,331	5,337	5,184	5,606	5,616
White	3,449	4,835	4,839	4,147	4,026	3,710
Other	307	439	433	429	644	699

**Table 1.1a (Continued) Portion of Enrollees with Plan First Participation by Race and Age Group**

	% Participants of Enrollees						% Change in % Participants of Enrollees
Age Group	DY12	DY13	DY14	DY15	DY16	DY17	DY12-DY17
<b>Total</b>	51.8%	51.4%	46.1%	45.1%	45.5%	41.8%	-19.3
<b>Age &lt;20</b>	73.1%	72.6%	67.4%	68.5%	58.8%	58.4%	-20.1
Black	75.1%	72.3%	70.8%	73.3%	59.7%	59.0%	-21.4
White	69.4%	71.4%	64.0%	63.7%	57.9%	58.0%	-16.5
Other	68.4%	61.0%	61.0%	59.2%	58.1%	56.9%	-16.8
<b>Age 20 – 29</b>	54.6%	55.6%	49.2%	48.7%	49.8%	45.6%	-16.5
Black	59.6%	60.4%	54.0%	54.0%	54.1%	49.0%	-17.8
White	49.6%	50.7%	44.2%	42.8%	45.0%	41.8%	-15.8
Other	22.3%	21.7%	44.0%	44.2%	45.5%	42.3%	89.8
<b>Age 30 – 39</b>	42.6%	41.7%	36.8%	37.1%	37.7%	34.7%	-18.5
Black	45.9%	46.2%	41.2%	41.7%	41.5%	37.9%	-17.4
White	38.2%	36.4%	31.5%	31.2%	32.7%	30.2%	-20.9
Other	19.0%	18.9%	30.9%	31.6%	33.5%	32.0%	68.6
<b>Age 40 +</b>	36.1%	32.4%	28.4%	28.6%	28.6%	26.8%	-25.9
Black	38.6%	36.3%	33.0%	33.1%	30.6%	28.7%	-25.6
White	33.6%	28.3%	23.4%	23.1%	25.9%	23.4%	-30.3
Other	15.6%	14.4%	26.6%	28.4%	27.2%	28.8%	84.3

The greatest decline in portion participants of enrollees over the last six years was in Public Health Area 4 (Jefferson County). Participation among enrollees in PHA4 also has been lower than in areas of the state during this period.

**Table 1.1b Number of Enrollees with Plan First Participation by Public Health Area**

Public Health Area	Number of Participants						Change in # of Participants DY12-DY17
	DY12	DY13	DY14	DY15	DY16	DY17	
Total	69,521	75,588	68,199	58,009	59,775	49,929	-19,592
1	5,040	5,513	5,079	4,230	4,652	3,693	-1,347
2	8,348	9,108	7,822	6,320	6,524	5,449	-2,899
3	4,860	5,186	4,628	3,996	4,139	3,080	-1,780
4	7,506	7,376	6,266	5,438	5,279	4,580	-2,926
5	5,510	5,729	5,050	4,182	4,421	3,626	-1,884
6	5,903	6,380	5,890	5,066	5,372	4,305	-1,598
7	4,300	4,808	4,515	3,967	3,972	3,594	-706
8	9,339	10,188	9,476	8,059	8,340	6,883	-2,456
9	5,790	6,463	5,987	5,055	4,999	4,339	-1,451
10	5,644	6,447	5,703	5,055	5,622	4,868	-776
11	7,281	8,390	7,783	6,641	6,455	5,512	-19,592

Public Health Area	Number of Enrollees					
	DY12	DY13	DY14	DY15	DY16	DY17
Total	134,495	147,183	148,060	128,473	131,386	119,420
1	8,925	9,463	9,587	8,309	8,583	7,615
2	18,251	19,599	19,530	16,845	17,149	15,343
3	8,550	9,098	9,144	8,161	8,233	7,285
4	17,873	19,297	19,516	16,004	15,980	14,332
5	11,085	11,998	11,898	10,099	10,105	8,816
6	10,769	11,481	11,466	10,251	10,422	9,327
7	6,522	7,103	7,121	6,370	6,539	6,305
8	18,602	20,663	20,959	18,312	19,173	17,511
9	10,052	11,285	11,350	9,864	10,272	9,392
10	9,238	10,535	10,724	9,737	10,050	9,433
11	14,628	16,661	16,765	14,481	14,880	14,061

**Table 1.1b (Continued) Portion of Enrollees with Participation by Public Health Area**

<b>Public Health Area</b>	<b>Percent Participation of Enrollees</b>						<b>% Change in % Participants of Enrollees DY12-DY17</b>
	<b>DY12</b>	<b>DY13</b>	<b>DY14</b>	<b>DY15</b>	<b>DY16</b>	<b>DY17</b>	
Total	51.7%	51.4%	46.1%	45.1%	44.6%	41.8%	-19.1
<b>1</b>	56.5%	58.3%	53.0%	50.9%	52.9%	48.5%	-14.2
<b>2</b>	45.7%	46.5%	40.0%	37.5%	37.6%	35.5%	-22.3
<b>3</b>	56.8%	57.0%	50.6%	49.0%	49.4%	42.2%	-25.7
<b>4</b>	42.0%	38.2%	32.1%	33.9%	32.6%	32.0%	-23.8
<b>5</b>	49.7%	47.7%	42.4%	41.4%	42.6%	41.1%	-17.3
<b>6</b>	54.8%	55.6%	51.4%	49.4%	49.9%	46.2%	-15.7
<b>7</b>	65.9%	67.7%	63.4%	62.3%	59.8%	57.0%	-13.5
<b>8</b>	50.2%	49.3%	45.2%	44.0%	42.8%	39.3%	-21.7
<b>9</b>	57.6%	57.3%	52.7%	51.2%	46.9%	46.2%	-19.8
<b>10</b>	61.1%	61.2%	53.2%	51.9%	54.7%	51.6%	-15.5
<b>11</b>	49.8%	50.4%	46.4%	45.9%	43.2%	39.2%	-19.1

## 1.2 Portion of Medicaid Postpartum Women With Plan First Participation

The portion of women with Medicaid deliveries who participate in Plan First in the year of and the year following their deliveries decreased in DY17 compared to DY16. Participation is lowest in the district that includes Birmingham. This table does not take into account women who received contraception at their postpartum visit, see Part 1, Goal 3.

**Table 1.2. Plan First Participation by Women with Recent Medicaid Maternity Care, by Maternity Care Program District**

Maternity Care Program District	Demonstration Year (DY)					
	DY12	DY13	DY14	DY15	DY16	DY17
<b>Total</b>						
Women with SOBRA deliveries in the previous year and this year	47,827	48,313	49,760	38,575	36,978	34,934
Women with Plan First participation in DY	7,465	14,724	13,901	10,406	8,345	6,541
% of women with deliveries participating in Plan First	15.6%	30.5%	27.9%	27.0%	22.6%	18.7%
<b>District 1 (Colbert, Franklin, Lauderdale, Marion)</b>						
Women with SOBRA deliveries in the previous year and this year	2,168	2,165	2,194	1,627	1,606	1,554
Women with Plan First participation in DY	387	697	684	493	431	332
% of women with deliveries participating in Plan First	17.9%	32.2%	31.2%	30.3%	26.8%	21.4%
<b>District 2 (Jackson, Lawrence, Limestone, Madison, Marshall, Morgan)</b>						
Women with SOBRA deliveries in the previous year and this year	6,763	6,796	7,099	5,500	5,569	5,569
Women with Plan First participation in DY	980	1,834	1,658	1,242	1,043	842
% of women with deliveries participating in Plan First	14.5%	27.0%	23.4%	22.6%	18.7%	15.1%
<b>District 3 (Calhoun, Cherokee, Cleburne, DeKalb, Etowah)</b>						
Women with SOBRA deliveries in the previous year and this year	3,411	3,571	3,686	2,934	2,817	2,679
Women with Plan First participation in DY	515	1,046	953	764	625	469
% of women with deliveries participating in Plan First	15.1%	29.3%	25.8%	26.0%	22.2%	17.5%

<b>District 4</b> <b>(Bibb, Fayette, Lamar, Pickens, Tuscaloosa)</b>						
Women with SOBRA deliveries in the previous year and this year	2,614	2,619	2,618	2,089	2,157	2,088
Women with Plan First participation in DY	378	751	731	550	515	379
% of women with deliveries participating in Plan First	14.5%	28.7%	27.9%	26.3%	23.9%	18.1%
<b>District 5</b> <b>(Blount, Chilton, Cullman, Jefferson, St. Clair, Shelby, Walker, Winston)</b>						
Women with SOBRA deliveries in the previous year and this year	10,501	10,467	10,797	8,353	7,249	6,838
Women with Plan First participation in DY	1,373	2,393	2,277	1,692	1,105	844
% of women with deliveries participating in Plan First	13.1%	22.9%	16.4%	20.3%	15.2%	12.3%
<b>District 6</b> <b>(Clay, Coosa, Randolph, Talladega, Tallapoosa)</b>						
Women with SOBRA deliveries in the previous year and this year	1,788	1,850	1,849	1,509	1,461	1,308
Women with Plan First participation in DY	269	578	550	445	425	244
% of women with deliveries participating in Plan First	15.0%	31.2%	29.7%	29.5%	29.1%	18.6%
<b>District 7</b> <b>(Greene, Hale)</b>						
Women with SOBRA deliveries in the previous year and this year	338	310	332	257	226	218
Women with Plan First participation in DY	81	110	122	93	38	51
% of women with deliveries participating in Plan First	24.0%	35.5%	36.7%	36.2%	16.8%	23.4%
<b>District 8</b> <b>(Choctaw, Marengo, Sumter)</b>						
Women with SOBRA deliveries in the previous year and this year	428	452	469	356	333	304
Women with Plan First participation in DY	67	168	172	131	108	78
% of women with deliveries participating in Plan First	15.6%	37.2%	36.7%	36.8%	32.4%	25.7%
<b>District 9</b> <b>(Dallas, Perry, Wilcox)</b>						
Women with SOBRA deliveries in the previous year and this year	857	871	838	541	554	518



Women with Plan First participation in DY	186	401	390	233	239	217
% of women with deliveries participating in Plan First	21.7%	46.0%	46.5%	43.1%	43.1%	41.9%
<b>District 10 (Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery, Pike)</b>						
Women with SOBRA deliveries in the previous year and this year	4,846	4,808	5,062	4,019	3,770	3,334
Women with Plan First participation in DY	797	1,591	1,465	1,120	877	662
% of women with deliveries participating in Plan First	16.4%	33.1%	28.9%	27.9%	23.3%	19.9%
<b>District 11 (Barbour, Chambers, Lee, Macon, Russell)</b>						
Women with SOBRA deliveries in the previous year and this year	2,487	2,671	2,783	2,125	2,094	2,039
Women with Plan First participation in DY	365	781	817	595	495	394
% of women with deliveries participating in Plan First	14.7%	29.2%	29.4%	28.0%	23.6%	19.3%
<b>District 12 (Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe, Washington)</b>						
Women with SOBRA deliveries in the previous year and this year	3,598	3,612	3,660	2,778	2,687	2,431
Women with Plan First participation in DY	644	1,410	1,286	889	621	568
% of women with deliveries participating in Plan First	17.9%	39.0%	35.1%	32.0%	23.1%	23.4%
<b>District 13 (Coffee, Dale, Geneva, Henry, Houston)</b>						
Women with SOBRA deliveries in the previous year and this year	2,604	2,667	5,708	2,040	2,083	2,085
Women with Plan First participation in DY	494	1,029	2,022	605	586	492
% of women with deliveries participating in Plan First	19.0%	38.6%	35.4%	29.7%	28.1%	23.6%
<b>District 14 (Mobile)</b>						
Women with SOBRA deliveries in the previous year and this year	5,424	5,454	5,708	4,447	4,372	3,969
Women with Plan First participation in DY	929	1,935	2,022	1,554	1,205	969
% of women with deliveries participating in Plan First	17.1%	35.5%	35.4%	34.9%	27.6%	24.4%

### 1.3 Private Provider Participation in Plan First

Overall, the number of private providers providing services to Plan First participants in DY17 was similar to the number providing services in DY16 in all Public Health Areas (PHAs). Additionally, the portion of Plan First visits that were made to private providers in DY17 was similar compared to previous years.

**Table 1.3. Availability and Visit Volume for Private Providers**

PHA	# Private Providers			# Visits to Private Providers			% Total Visits to Private Providers		
	DY15	DY16	DY17	DY15	DY16	DY17	DY15	DY16	DY17
Total	933	960	944	34,413	29,929	24,289	25.3%	24.9%	25.1%
1	66	63	70	1,407	1,216	980	17.6%	17.1%	17.3%
2	166	178	170	4,336	3,915	3,203	38.9%	40.7%	37.7%
3	29	47	53	897	901	850	11.8%	14.4%	17.8%
4	101	83	77	2,180	1,703	1,417	25.3%	22.2%	21.9%
5	59	58	55	987	812	726	13.2%	12.2%	13.1%
6	72	75	71	1,889	1,770	1,321	20.8%	22.3%	21.5%
7	45	45	42	2,092	1,927	1,719	26.7%	27.6%	26.2%
8	129	133	134	8,509	7,353	5,291	18.7%	17.8%	17.0%
9	102	99	103	3,725	3,137	2,744	40.8%	39.4%	39.8%
10	56	63	61	795	720	618	8.4%	8.4%	8.7%
11	111	116	108	7,596	6,475	5,420	61.9%	63.6%	67.7%

## 2. General Service Use Measured in Enrollee Survey Data

### 2.1 Reported Reasons for Not Using Family Planning Services in Past Year

Based on the last 2 years of the enrollee survey,\* about 33% of respondents reported not having had a family planning visit in the previous year. The reasons given for not having a family planning visit have remained consistent over the years. The most frequently cited reasons are not being able to afford the visit, the time it takes to get an appointment, and wanting to see a provider that does not accept Medicaid.

**Table 2.1a. Reasons for delay among those who did not use family planning services in the past year**

Reasons for Delay with FP Visit	DY12	DY13	DY14	DY15	DY16	DY17*
N	334	384	320	375	373	748
No money to pay for appointment	17.6%	16.6%	18.1%	14.4%	14.2%	14.3%
Provider you wanted to see did not take Medicaid	16.5%	12.3%	16.6%	14.9%	12.3%	13.6%
Had to wait too long at appointment	16.5%	12.3%	9.7%	12.0%	13.4%	12.7%
Couldn't get appointment soon enough	12.9%	11.5%	13.1%	12.8%	11.3%	12.0%
No provider in the area that you wanted to see	11.7%	11.3%	10.0%	10.7%	7.8%	9.2%
Dislikes family planning exam	7.8%	8.1%	3.4%	5.3%	3.5%	4.4%
Couldn't reach provider on the telephone	8.2%	7.1%	9.4%	6.9%	7.2%	7.1%
Office was not open when convenient	6.0%	6.8%	4.7%	5.6%	5.9%	5.8%
No transportation	6.2%	6.3%	8.7%	5.3%	4.0%	4.7%
No childcare	4.9%	3.3%	6.6%	4.0%	6.7%	5.3%
Family or partner did not want her to go	0.6%	0.7%	0.9%	1.1%	0.0%	0.5%

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

Similar to past years, affordability, time to get an appointment and availability of preferred providers were of greater concern for women who were not aware that they were enrolled in Plan First.

**Table 2.1b. Reasons for delay among those who are and are not aware of their enrollment in Plan First**

Reasons for Delay with FP Visit	DY14		DY15		DY16		DY17*	
	Aware enrolled	Unaware enrolled	Aware enrolled	Unaware enrolled	Aware enrolled	Unaware enrolled	Aware enrolled	Unaware enrolled
	N=830	N=157	N=886	N=156	N=863	N=150	N=1,749	N=306
	%	%	%	%	%	%	%	%
No money to pay for appointment	7.3	15.3	7.6	18.0	6.5	20.7	7.0	19.3
Provider you wanted to see did not take Medicaid	13.0	17.8	10.2	16.7	10.8	11.3	10.5	14.0
Had to wait too long at appointment	13.1	9.6	12.4	12.8	13.0	18.7	12.7	15.7
Couldn't get appointment soon enough	11.1	8.3	11.6	12.8	8.1	15.3	9.9	14.0
No provider in the area that you wanted to see	10.1	8.3	8.1	11.5	7.6	6.7	7.9	9.1
Dislikes family planning exam	3.2	5.1	4.7	6.4	3.0	4.0	3.9	5.2
Couldn't reach provider on the telephone	7.7	8.9	7.0	7.7	6.0	12.0	6.5	9.8
Office was not open when convenient	3.5	6.4	6.1	2.6	3.1	7.3	4.6	4.9
No transportation	4.5	6.4	4.1	4.5	1.8	6.7	3.0	5.6
No childcare	2.3	7.6	3.4	4.5	3.7	4.0	3.5	4.2
Family or partner did not want her to go	0.4	1.3	0.8	0.6	0.2	0.7	0.5	0.6

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

### 3. Specific Content of Care Measured in Claims Data

#### 3.1 Categories of Providers

Since DY12, there has been an 7% annual decrease in the number of Plan First participants (not shown). Between DY14 and DY17, there has been an 8.6% annual decrease in the number of Plan First participants. In DY17, almost 50% of Plan First participants received clinical services from health departments and nearly one third (31%) of participants received services without clinical encounters. Approximately 20% obtained services from private providers, which is largely similar to use over the last 6 years.

**Table 3.1 Service Users by Provider Type**

	Demonstration Year (DY)						Annual % Change in Number of Service Users
	DY12	DY13	DY14	DY15	DY16	DY17	DY14-DY17
Health Department Providers only	39,843 (57.2)	36,550 (48.3)	32,532 (47.4)	28,825 (49.7)	27,411 (45.9)	23,761 (47.6)	-9.4
Private Providers only	15,258 (22.0)	16,970 (22.4)	17,512 (25.7)	13,427 (23.1)	11,977 (20.0)	9,716 (19.5)	-17.4
Both Health Department and Private Providers	4,063 (5.8)	1,953 (2.6)	1,409 (2.1)	1,337 (2.3)	1,070 (1.8)	1,033 (2.1)	-10.9
Non-clinical services only	10,447 (15.0)	20,187 (26.7)	16,926 (24.8)	14,420 (24.9)	19,317 (32.3)	15,419 (30.9)	0.2
<b>Total</b>	69,611	75,660	68,199	58,009	59,775	49,929	-8.6

## 3.2 Types of Services by Providers

In DY17, the provision of care coordination services increased relative to DY16, but was similar to prior years. The overall percentage of clients receiving sterilization services and oral contraceptives remained similar. Just over 10% of women received oral contraception from private providers, which is lower than in health department settings. Some private provider clients may receive free samples of birth control pills, which are not captured in claims data. HIV counseling remains more common in the health department than in private care settings.

**Table 3.2 Portion of Each Provider Type's Clients Using Services**

Service Type	Provider Type	DY12	DY13	DY14	DY15	DY16	DY17
Care Coordination	Health Department	53.0%	53.0%	52.5%	53.3%	51.1%	52.8%
	Private	0.0%	11.7%	11.6%	4.6%	3.3%	3.2%
	Both	64.6%	57.8%	60.6%	57.1%	51.8%	57.3%
	Neither	0.0%	25.8%	34.2%	33.4%	23.3%	31.9%
	Total with Service	23,729	27,709	25,654	21,559	19,475	18,360
	% All Clients	34.1%	36.6%	37.6%	37.2%	32.6%	36.8%
HIV Counseling	Health Department	0.2%	3.7%	44.6%	61.7%	63.4%	64.0%
	Private	2.1%	0.8%	1.7%	2.5%	2.5%	3.5%
	Both	4.9%	3.0%	37.1%	56.1%	58.5%	62.3%
	Neither	0.0%	2.5%	6.8%	8.1%	9.9%	14.5%
	Total with Service	593	2,049	16,391	20,042	20,205	18,432
	% All Clients	0.9%	2.7%	24.0%	34.5%	33.8%	36.9%
Tubal Ligations	Health Department	0.3%	0.3%	0.2%	0.1%	0.2%	0.1%
	Private	1.1%	1.3%	1.0%	1.2%	1.0%	1.2%
	Both	3.2%	5.2%	6.3%	5.8%	4.4%	5.0%
	Neither	2.9%	2.3%	1.5%	1.7%	0.9%	1.0%
	Total with Service	692	868	564	515	400	345
	% All Clients	1.0%	1.2%	0.8%	0.9%	0.7%	0.7%
Depo Provera	Health Department	28.8%	30.9%	40.6%	42.2%	42.7%	38.6%
	Private	20.4%	21.9%	37.3%	38.1%	38.4%	41.1%
	Both	22.1%	36.1%	42.2%	45.0%	45.5%	48.1%
	Neither	0%	0%	0%	0%	0%	0%
	Total with Service	15,471	17,533	20,257	17,895	16,806	13,666
	% All Clients	22.2%	23.2%	29.7%	30.8%	28.1%	37.4%
Birth Control Pills	Health Department	2.3%	1.7%	28.5%	36.6%	38.8%	39.6%
	Private	30.1%	12.3%	18.0%	1.4%	8.5%	12.2%
	Both	25.0%	6.8%	24.8%	29.2%	30.0%	34.0%
	Neither	47.5%	11.5%	27.7%	6.3%	16.0%	25.3%
	Total with Service	11,480	5,153	17,406	12,036	15,081	14,835
	% All Clients	16.5%	6.8%	25.5%	20.7%	25.2%	29.7%

## 4. Specific Content of Care Measured in Enrollee Survey Data

### 4.1 Choice of Birth Control

Over the past 2 years,\* about 85% of survey respondents with a family planning visit reported that they had been given a choice of birth control methods by their family planning provider.

**Table 4.1a Choice of Birth Control**

Did the doctor or nurse offer you several different choices of birth control methods and allow you to select the one you wanted?

	DY12	DY13	DY14	DY15	DY16	DY17*
	N=1,028	N=1,020	N=1,107	N=1,042	N=1,014	N=2,056
Yes	84.1%	83.0%	83.9%	85.6%	84.9%	85.3%
No	15.0%	15.7%	14.6%	13.8%	13.8%	13.8%
Don't know, Not sure	1.0%	1.0%	1.4%	0.5%	0.7%	0.6%

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

Respondents seeing health department providers, private physician providers, and Planned Parenthood clinics reported equivalent rates of having choice in birth control methods, while those using other types of clinics reported having less choice.

**Table 4.1b Choice of Birth Control by Provider Seen in Demonstration Year 17\***

Did the doctor or nurse offer you several different choices of birth control methods and allow you to select the one you wanted?

	Health Department	Private Doctor	Planned Parenthood or special clinic	Community Health Center	Other or Not Known
N	966	841	91	83	50
Yes	87.0%	84.5%	86.8%	77.1%	80.0%
No	12.5%	14.4%	11.0%	21.7%	20.0%

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

## 4.2 Reported Content of Family Planning Visit

During the last two enrollee surveys,\* about two-thirds of women reported receiving a contraceptive method at their visit, and less than half received counseling on HIV.

Receipt of a contraceptive method or prescription is somewhat higher at the health department than at private providers. Consistent with the claims data, counseling on HIV and STDs occurs more frequently in health department settings than at other sources of care.

**Table 4.2a Reported Content of Family Planning Visit**

	DY13	DY14	DY15	DY16	DY17*
<b>All providers</b>	%	%	%	%	%
Receive counseling on birth control options	70.4	71.9	70.9	71.0	71.0
Receive a method or prescription	74.1	72.3	71.5	67.6	69.6
Pelvic Exam	68.5	68.9	69.7	70.4	70.0
Pap Test	69.1	64.9	67.4	69.4	68.4
HIV Testing or Counseling	47.8	44.7	41.9	45.9	43.9
STD Test or Counseling	61.3	57.4	59.1	57.6	58.4
Pregnancy Test	57.4	54.6	57.2	57.1	57.1
Counseling on Tubal Ligation	13.9	14.7	19.4	20.8	20.1
<b>Health Department</b>	(n=552)	(n=524)	(n=491)	(n=475)	(n=966)
Receive counseling on birth control options	77.4	80.3	75.4	77.3	76.3
Receive a method or prescription	76.6	75.9	73.2	73.5	73.3
Pelvic Exam	62.9	63.9	65.6	66.3	65.9
Pap Test	64.7	58.6	62.5	66.5	64.5
HIV Testing or Counseling	54.9	50.8	51.1	54.7	52.9
STD Test or Counseling	69.9	62.6	67.8	67.2	67.5
Pregnancy Test	62.9	58.4	64.4	67.2	67.7
Counseling on Tubal Ligation	10.8	11.1	15.5	17.1	16.2
<b>Private Provider</b>	(n=460)	(n=447)	(n=425)	(n=416)	(n=841)
Receive counseling on birth control options	70.5	63.5	66.8	65.1	66.0
Receive a method or prescription	63.2	67.1	69.4	63.9	66.7
Pelvic Exam	75.5	74.9	73.9	74.8	74.3
Pap Test	74.5	72.3	72.5	72.6	72.5
HIV Testing or Counseling	39.2	36.8	33.2	35.6	34.4
STD Test or Counseling	50.7	51.2	50.6	47.4	49.0
Pregnancy Test	50.9	50.6	51.5	43.7	47.7
Counseling on Tubal Ligation	17.8	18.3	23.5	24.3	23.9
<b>Other or Not known</b>	(n=5)	(n=19)	(n=114)	(n=110)	(n=224)
Receive counseling on birth control options	33.3	57.9	67.5	77.0	68.7
Receive a method or prescription	50.0	67.1	71.9	57.3	64.7
Pelvic Exam	50.0	63.2	70.2	75.4	72.8
Pap Test	33.3	68.4	67.5	72.7	70.1



HIV Testing or Counseling	33.3	36.8	36.0	49.1	42.4
STD Test or Counseling	50.0	57.9	56.1	56.4	56.2
Pregnancy Test	50.0	47.4	51.7	65.4	58.5
Counseling on Tubal Ligation	0.0	31.6	21.9	22.7	22.3

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

Approximately one-quarter of women over the last 2 years chose to have tubal ligations after counseling. Almost half of women reported that they were given a different type of birth control instead of having their tubes tied, consistent with previous years. Less than one in five women reported that they changed their mind about having their tubes tied after talking to a provider.

**Table 4.2b Outcomes from Counseling on Tubal Ligations**

Responses	DY 14	DY15	DY16	DY17*
	N=146 (%)	N=202 (%)	N=211 (%)	N=413 (%)
They helped me arrange to have my tubes tied.	33 (22.6)	38 (18.8)	62 (29.4)	100 (24.2)
They gave me a different kind of birth control and did not have my tubes tied.	66 (45.2)	96 (47.5)	92 (43.6)	184 (44.6)
I decided not to have my tubes tied after talking about it.	30 (20.6)	39 (19.3)	37 (17.5)	75 (18.2)
Advised against it (Health complications, too young, too few children)	3 (2.0)	4 (2.0)	2 (0.9)	6 (1.4)
Haven't decided yet.	4 (2.7)	4 (2.0)	0 (0)	4 (1.0)
Don't know	5 (3.4)	3 (1.5)	6 (2.8)	9 (2.2)

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

### 4.3 Use of Contraceptives since Plan First enrollment

In general, contraceptive use has been fairly consistent over time, with more than 80% using any contraception. Approximately three quarters of women surveyed over the last 2 years reported using an effective method. Although oral contraceptives and injectable contraceptives (e.g., Depo Provera) are the most common methods, use of long-acting reversible methods - the implant or IUD – have increased, and 34% of women rely on these methods.

**Table 4.3a Use of Contraceptives**

<b>Use of Contraceptives</b>	<b>DY12</b>	<b>DY13</b>	<b>DY14</b>	<b>DY15</b>	<b>DY16</b>	<b>DY17*</b>
N	1,097	1,109	1,070	1,080	1,070	2,150
% used any contraception	84.8	84.2	84.1	85.6	81.6	83.6
% used effective contraception <sup>†</sup>	79.1	77.8	75.8	81.3	74.5	76.6
% Tubal	2.8	2.6	5.3	5.0	9.7	7.3
% Vasectomy	1.5	2.4	1.3	2.0	2.5	2.1
% IUD	16.5	20.3	16.4	20.0	18.1	19.1
% Contraceptive implant	10.4	10.8	15.1	15.6	15.7	15.7
% Injectable contraceptives	38.1	41.9	39.1	41.5	36.9	39.3
% Oral Contraceptive Pills (OCPs)	58.9	58.0	58.0	53.5	53.3	53.4
Got OCPs from Health Dept.	63.0	57.1	58.4	51.7	53.5	52.6
Got OCPs from free sample	16.0	20.4	18.5	21.8	19.7	20.8
Got OCPs from drug store	20.4	21.7	22.7	26.1	25.9	26.0
Don't know, not sure	0.5	0.6	0.4	0.4	0.9	0.6
% Vaginal Ring	7.9	8.8	8.5	7.6	7.9	7.7
Got ring from Health Dept.	63.5	50.6	46.7	47.1	34.8	41.0
Got ring from free sample	25.7	33.3	29.9	31.4	40.6	36.0
Got ring from drug store	10.8	16.1	20.8	21.4	23.2	22.3
Don't know, not sure	0.0	0.0	2.6	0.0	1.4	0.7
% Contraceptive patch	4.9	7.3	6.8	5.7	5.9	5.8
Got patch from Health Dept.	56.5	43.3	54.1	35.8	40.4	38.1
Got patch from free sample	26.1	37.3	24.6	26.4	30.8	28.6
Got patch from drug store	17.4	16.4	21.3	37.7	26.9	32.4
Don't know, not sure	0	3.0	0.2	0.0	1.9	1.0
% Plan B	7.6	7.4	9.3	7.8	7.4	7.6
% Condoms	73.8	76.2	78.6	71.0	70.1	70.6
% Natural family planning	7.3	7.5	7.9	8.0	9.4	8.7
% Withdrawal	45.4	44.7	50.3	51.0	48.2	49.6

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

† Includes any respondent reporting use of tubal ligation, partner vasectomy, IUD, implant, injectable contraceptives, oral contraceptives, vaginal ring and/or contraceptive patch.

Among women 19-24, use of birth control pills has decreased slightly over the last several years while use of the implant has increased. Women 25-34 have the highest reported use of long acting reversible methods (39%) than any other age group. Reliance on permanent contraception is more common among women ≥35, with 15% of women reporting female sterilization (i.e., tubal ligation) and nearly 6% of women reporting vasectomy as their current method.

**Table 4.3b Use of contraceptives by age groups**

Methods	Age 19-24				Age 25-34				Age ≥35			
	DY14	DY15	DY16	DY17*	DY14	DY15	DY16	DY17*	DY14	DY15	DY16	DY17*
	N=385	N=345	N=239	N=584	N=515	N=594	N=629	N=1,223	N=170	N=184	N=244	N=428
<b>% Used any method</b>	88.0	88.5	81.6	85.6	85.6	85.6	83.4	84.5	70.6	80.6	76.8	78.3
<b>% Used effective method†</b>	80.6	85.0	74.7	77.7	77.6	81.6	76.2	22.1	58.7	73.9	69.8	71.1
Tubal ligation	1.2	1.8	2.1	1.9	7.0	5.3	9.4	7.4	10.7	10.3	18.2	14.6
Vasectomy	0.3	0.3	0.0	0.2	1.8	2.2	1.2	1.7	2.5	4.8	6.6	5.8
IUD	11.5	14.8	9.6	12.7	21.5	24.9	20.5	22.6	11.6	13.7	20.4	17.4
Contraceptive implant	16.5	16.6	18.7	17.4	14.9	17.4	16.7	17.1	11.6	7.5	9.9	8.8
Injectable contraceptives	46.8	43.0	43.8	43.3	35.1	39.5	36.2	37.8	32.2	45.2	31.5	37.8
Oral contraceptive pills	58.5	55.3	50.3	53.3	58.8	53.6	54.3	54.0	53.7	50.0	53.6	51.8
Vaginal Ring	10.3	5.6	8.0	6.6	8.1	9.3	8.1	8.7	5.0	5.5	7.2	6.4
Contraceptive patch	6.5	3.5	4.3	3.8	7.9	6.7	6.3	6.5	3.3	6.8	6.6	6.7
Plan B	10.9	8.1	8.0	8.1	8.4	7.9	8.9	8.4	8.3	6.8	2.8	4.6
Condoms	81.5	72.2	74.3	73.0	79.2	71.5	69.7	70.6	68.6	67.1	66.8	67.1
Natural family planning	5.0	4.9	9.1	6.6	9.3	9.3	9.2	9.3	10.7	9.6	9.9	9.8
Withdrawal	59.1	59.1	56.7	58.2	47.7	49.8	47.6	48.7	34.7	39.0	40.9	40.2

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

† Includes any respondent reporting use of tubal ligation, partner vasectomy, IUD, implant, injectable contraceptives, oral contraceptives, vaginal ring and/or contraceptive patch.

Overall satisfaction with current contraceptive method is high, except for women who rely on condoms.

**Table 4.3c. Current Contraceptive Method Use and Preference, DY 17\***

Method Using Now	Age 19-24 N=420		Age 25-34 N=924		Age ≥35 N=302	
	% using method	% prefer using this method	% using method	% prefer using this method	% using method	% prefer using this method
Tubal ligation	1.9	100	7.6	90.0	14.6	97.7
Vasectomy	0.2	100	0.8	100	3.3	100
IUD	10.0	80.9	15.4	92.2	12.9	92.3
Contraceptive implant	12.6	79.2	10.2	84.0	5.3	87.5
Depo Provera Injection	24.3	90.2	19.7	91.2	17.9	94.4
Oral Contraceptive Pills	32.1	94.1	26.4	93.4	20.9	87.3
Contraceptive patch	0.7	100	1.0	88.9	0.3	100
Condoms	10.2	69.8	10.9	67.3	16.9	76.5
Natural Family Planning	1.0	50.0	0.8	71.4	1.0	66.7
Withdrawal	0.7	66.7	0.8	57.1	0.3	100
Other	5.5	91.3	6.3	82.8	5.3	75.0

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

Over the last 2 years, the most common reason cited was not being sexually active, but concerns about side effects were also reported by about one-third of respondents.

**Table 4.3d Reasons for Not Using Birth Control**

Primary reason for <u>not</u> using birth control (more than one response possible)	DY15 (N=237)	DY16 (N=265)	DY17* (N=502)
Not sexually active	38.0%	40.7%	39.4%
Concerned about side effects	37.1%	35.1%	36.1%
Don't think you can get pregnant	17.3%	9.1%	13.0%
Want to get pregnant	14.3%	12.1%	13.2%
Can't pay for birth control	9.7%	10.2%	10.0%
Don't think birth control methods work	13.5%	12.5%	13.0%
Can't find a place to get family planning services	8.9%	5.3%	7.0%
Too much trouble	3.8%	4.9%	4.4%
Religious reasons	1.7%	3.4%	2.6%
Partner does not want you to use	6.7%	4.1%	5.4%

## 5. Use of Risk Assessments and Care Coordination in Claims Data

### 5.1 Provision of Risk Assessments

Psychosocial risk assessments are provided to Plan First clients by care coordinators based in local health departments. Private Plan First providers may secure assessments for their clients upon request. Assessments do not need to be completed every year. The overall portion of Plan First clients assessed exceeded 70% in DY17.

As in previous years, more health department clients received assessments in DY17 than clients of other provider types. There was also a slight decrease in DY17 in proportion of clients who did not obtain clinical services receiving assessments.

**Table 5.1a Provision of Risk Assessments to Plan First Clients Overall and by Provider Category**

	Demonstration Year (DY)					
	DY12	DY13	DY14	DY15	DY16	DY17
<b>All Providers</b>						
Number of clients	69,611	75,660	68,199	58,009	59,775	49,929
This year only	13,530	14,849	9,208	5,910	7,462	6,532
Previous years only	16,308	16,391	19,020	17,345	20,257	15,181
This year and previous years	15,518	19,419	19,226	19,302	15,870	14,007
Total number ever assessed	45,356	50,659	47,454	42,557	43,589	35,720
% of clients ever assessed	65.1	67.0	69.6	73.4	72.9	71.5
<b>Health Department</b>						
Number of clients	39,843	36,550	32,352	28,825	27,411	23,761
This year only	11,997	11,146	7,096	4,730	5,772	4,873
Previous years only	9,419	5,944	6,441	5,968	6,406	5,943
This year and previous years	14,220	16,078	15,795	16,329	12,999	10,734
Total number assessed	35,636	33,168	29,332	27,027	25,177	21,550
% of clients ever assessed	89.4	90.7	90.7	93.8	91.8	90.7
<b>Private Providers</b>						
Number of clients	15,258	16,970	17,512	13,427	11,977	9,716
This year only	0	1,085	899	272	153	113
Previous years only	3,358	3,874	4,880	4,299	3,910	3,145
This year and previous years	0	988	1,247	484	310	140
Total number assessed	3,358	5,947	7,026	5,055	4,373	3,398
% of clients ever assessed	22.0	35.0	40.1	37.6	36.5	35.0
<b>Both Health Department/Private</b>						
Number of clients	4,063	1,953	1,409	1,337	1,070	1,033
This year only	1,533	667	368	309	267	268
Previous years only	821	295	269	247	228	223
This year and previous years	1,298	730	618	646	454	423
Total number assessed	3,652	1,692	1,255	1202	949	914
% of clients ever assessed	90.6	86.6	89.1	89.9	88.7	88.5

<b>Neither</b>						
Number of clients	10,447	20,187	16,926	14,420	19,317	15,416
This year only	0	1,951	845	599	1,270	1,278
Previous years only	2,710	6,278	7,430	6,831	9,713	5,870
This year and previous years	0	1,623	1,566	1,834	2,107	2,710
Total number assessed	2,710	9,852	9,841	9264	13,090	9,858
% of clients ever assessed	25.9	48.8	58.1	64.2	67.8	63.9

In general, the relative rates of assessments by county varied in the same way that they have in previous years, with PHA 11 (Mobile) having the lowest assessment rates, and PHA 10 (southern coast) having among the highest assessment rates.

**Table 5.1b Risk Assessments in DY 17 by County**

	<b>DY14</b>		<b>DY15</b>		<b>DY16</b>		<b>DY17</b>	
	N assessed	% assessed	N assessed	% assessed	N assessed	% assessed	N assessed	% assessed
<b>PHA1 (County)</b>								
17	501	44.6	414	45.3	428	43.8	421	51.4
30	195	43.1	164	40.4	181	44.0	177	47.3
39	865	54.1	737	54.1	687	46.6	625	53.3
47	282	53.5	238	58.6	243	48.6	215	60.7
64	604	57.2	519	61.6	563	57.6	468	62.6
67	197	60.8	196	65.5	140	44.6	117	51.8
<b>PHA2 (County)</b>								
22	503	54.2	372	50.7	179	25.2	275	49.5
36	112	19.5	97	22.4	103	23.0	97	26.4
40	311	65.2	248	60.5	195	43.1	187	53.0
42	405	43.8	315	43.3	196	26.8	185	33.7
45	773	28.2	597	26.8	495	21.5	558	26.6
48	402	46.8	355	49.6	331	41.8	272	43.1
52	629	47.8	417	39.0	379	34.9	416	46.7
<b>PHA3 (County)</b>								
4	171	47.1	156	49.2	128	40.6	133	50.4
29	127	47.6	146	64.6	144	59.5	140	71.4
32	146	53.9	144	64.0	108	52.9	116	59.2
38	159	62.6	147	63.6	128	59.0	117	35.7
54	261	57.5	237	63.2	205	53.8	206	65.2
63	1,635	54.2	1,567	59.8	1,390	50.0	1,005	52.1
<b>PHA4 (County)</b>								
37	2,452	39.1	2,298	42.3	2,312	43.8	798	17.4

<b>PHA5 (County)</b>								
5	244	42.4	189	44.1	201	42.3	193	50.7
10	143	46.7	140	49.5	119	44.9	123	52.6
25	329	35.8	325	40.3	318	38.9	312	46.5
28	702	50.0	675	56.0	778	57.7	710	63.4
58	403	50.1	346	55.0	382	53.3	262	46.6
59	442	42.5	360	43.4	263	32.8	267	40.5
<b>PHA6 (County)</b>								
8	861	42.8	758	44.1	821	45.6	702	47.3
9	378	53.0	329	55.9	348	52.1	296	55.5
14	164	56.2	138	53.3	99	36.0	97	46.9
15	100	40.6	78	40.2	83	45.6	62	42.8
19	64	56.1	62	53.4	67	48.5	55	50.0
56	182	46.3	190	52.6	158	40.3	172	58.1
61	498	36.6	443	38.6	368	29.5	397	40.1
62	383	50.4	415	61.0	362	54.2	329	61.0
<b>PHA7 (County)</b>								
12	202	61.2	184	59.9	202	63.1	168	66.1
24	50	35.8	491	41.7	428	35.7	538	46.3
33	362	64.3	357	68.4	278	54.0	252	63.0
43	119	34.6	132	43.4	156	50.2	138	55.9
46	286	51.2	270	56.8	285	59.6	287	62.5
53	171	45.5	168	49.1	160	49.7	142	51.1
60	237	55.5	211	58.4	179	50.1	218	60.4
66	325	65.4	321	67.1	283	60.2	273	63.0
<b>PHA8 (County)</b>								
1	314	51.1	211	42.0	207	41.5	211	48.5
6	66	23.7	44	20.2	47	23.4	45	25.9
11	319	54.0	284	54.0	281	46.5	208	42.1
26	340	39.9	282	40.3	256	32.3	275	41.3
41	459	35.1	485	43.0	362	27.9	399	36.0
44	184	37.8	157	38.9	136	32.1	66.9	33.1
51	1,417	31.9	1,288	33.1	1,046	27.9	860	28.8
57	360	39.9	292	42.0	289	37.3	305	46.4
<b>PHA9 (County)</b>								
2	349	15.3	315	18.0	336	19.7	368	24.2
7	357	58.6	391	66.5	317	50.7	222	48.6
13	329	44.5	306	49.3	286	47.6	269	49.4
18	105	38.3	112	45.5	98	37.0	103	41.7
20	323	45.6	294	47.6	307	47.9	309	54.0
27	268	38.1	282	42.7	211	33.7	235	44.2
50	196	48.6	179	53.6	143	43.5	129	45.4

65	134	50.4	130	54.4	83	40.1	79	43.6
<b>PHA10 (County)</b>								
3	329	54.6	307	55.5	311	52.4	301	58.8
16	393	62.4	339	62.5	329	54.7	323	32.2
21	250	63.3	205	59.1	212	59.5	190	64.0
23	529	69.1	442	61.7	447	56.4	453	65.0
31	342	70.1	318	75.0	309	68.1	311	76.4
34	180	59.4	145	55.3	143	53.6	170	68.8
35	1,151	66.5	972	65.5	1,109	62.2	1,087	69.6
55	501	63.5	457	65.0	429	55.3	358	57.1
<b>PHA11 (County)</b>								
49	1,406	18.1	1,029	15.5	765	11.8	688	12.5
<b>Total</b>	28,434	41.7	25,212	43.5	23,332	39.0	20,539	41.1



## 5.2 Care Coordination Services

Clients who are assessed as being high risk are referred for care coordination services in order to facilitate their use of family planning care. Table 5.2a shows that a total of 4,973 clients were assessed as high risk in DY17. This is 10% of all 49,929 clients using services in DY17, and 27% of the 18,360 clients assessed in the year. This is an decrease over prior years, suggesting that risk assessments may be focused on a narrower range of clients. An additional 10,243 Plan First participants in DY17 had been assessed as high risk in DY15 or DY16.

Almost all of the clients assessed as high risk in DY17 received care coordination, which is consistent with previous years. About three-quarters of those who had previously been assessed as high risk and who returned for services continued to receive care coordination services, a somewhat higher percentage than in DY16 (52%).

**Table 5.2a Portion of High Risk Clients Receiving Care Coordination Services**

	Number Assessed as high risk	Number receiving care coordination services	Percent receiving care coordination services in DY17
Assessed as high risk in DY17 only	3,533	3,514	99.5%
Assessed as high risk in DY15 or DY16 and also in DY17	1,440	1,434	99.6%
Assessed as high risk in DY15 or DY16 only	10,243	7,645	74.6%

Table 5.2b compares service use for clients with and without care coordination. Proportions have remained fairly consistent over recent years. Care coordination clients had more public family planning visits in the year, on average, and were more likely to receive Depo-Provera injections, prescriptions or supplies of oral contraceptive pills, and HIV counseling.

**Table 5.2b Use of Services by Clients With and Without Care Coordination**

	DY14		DY15		DY16		DY17	
Received Care Coordination?	No	Yes	No	Yes	No	Yes	No	Yes
Number of clients	42,545	25,654	36,450	21,559	40,300	19,475	31,569	18,360
Mean number of visits (days of contact)	0	6.7	0	6.9	0	6.5	0	7.2
% with public visits	37.4	69.6	38.5	74.7	34.5	74.8	36.9	71.5
Mean number <u>public</u> visits for those with any	3.7	4.8	3.0	4.2	2.9	4.0	2.6	3.6
% with private visits	37.7	11.2	36.7	6.4	30.0	4.9	31.2	4.9
Mean number <u>private</u> visits for those with any	3.8	4.9	3.2	2.9	3.2	2.7	3.0	2.6
% with HIV counseling	18.0	34.0	25.5	49.8	24.1	53.9	26.6	54.7
% with tubal ligations	0.9	0.7	1.0	0.7	0.7	0.6	0.8	0.5
% with oral contraceptive pills	26.9	23.3	15.4	28.7	15.0	32.7	15.8	34.6
% with Depo Provera	24.2	38.8	25.0	40.7	22.0	40.7	22.8	35.1

## 6. Primary Care Referrals Measured in Enrollee Survey Data

### 6.1 Referral to and Receipt of Primary Care

For the past several years, enrollee surveys have included a series of questions on receipt of referrals to primary care from family planning providers. Consistently over time, just over 10% of enrollees reported talking with their family planning provider about another health or medical problem. The portion of those respondents who learned of a medical problem at the family planning visit and received a referral for care was 61% over the last 2 years. This is lower than the original performance target for this measure (80% of those with an identified problem receiving a referral).

The proportion of clients who sought care and received care for their medical problem has remained consistent over time, and is higher for those that have a regular source of medical care than those without a usual source for care.

**Table 6.1 Referrals for care and care seeking behavior for clients with and without a usual source of care for other medical problem(s)**

	DY15			DY16			DY17*		
	Total N (%)	Usual Source of Care (%)		Total N (%)	Usual Source of Care (%)		Total N (%)	Usual Source of Care (%)	
		Yes	No		Yes	No		Yes	No
Informed of other medical problem	127 (12.2)	13.0	11.1	131 (12.9)	15.4	9.6	258 (12.5)	14.2	10.3
Told about place for treatment <sup>†</sup>	78 (61.4)	61.2	61.7	80 (61.1)	66.7	48.8	158 (61.2)	64.1	55.7
Tried to get care for medical problem <sup>†</sup>	91 (71.6)	75.0	65.0	96 (73.3)	78.9	61.0	187 (72.5)	77.1	63.6
Received care for medical problem <sup>†</sup>	77 (64.7)	69.7	55.8	84 (68.3)	71.3	61.1	161 (66.5)	70.5	58.2

\* Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

† Among those who were told they had a medical problem.

## 6.2 Reasons for Not Receiving Primary Care

Over the past 2 years,\* lack of insurance coverage or concern about the cost of medical care is the primary reason why referred clients do not receive care for their identified medical problems.

**Table 6.2a Reasons for Not Trying to get Care for Other Medical Problems**

	<b>DY15</b> N=36	<b>DY16</b> N=35	<b>DY17*</b> N=71
I can't afford to get care	24 (66.7)	17 (51.5)	41 (59.4)
I don't know where to go to get treatment	4 (11.1)	8 (24.2)	12 (17.4)
I don't think these problems really need treatment	2 (5.6)	4 (12.1)	6 (8.7)
I don't have time to get treatment	3 (8.3)	3 (9.1)	6 (8.7)
I don't have transportation to get treatment	1 (2.8)	2 (6.1)	3 (4.3)
Other – uninsured or not aware of being insured, provider wouldn't take Medicaid	8 (22.2)	8 (24.2)	16 (23.2)

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

**Table 6.2b Reasons for Not Receiving Care if Sought**

	<b>DY15</b> N=40	<b>DY16</b> N=36	<b>DY17*</b> N=76
I couldn't pay for the care	27 (67.5)	24 (66.7)	51 (67.1)
I couldn't find a doctor who would see me	3 (7.5)	4 (11.1)	7 (9.2)
Other reasons for not getting treatment	12 (30.0)	11 (30.6)	23 (30.3)

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

-- Information not available.

## 7. Birth Rates by FP Utilization

As in previous Plan First evaluations, we have calculated the birth rates for enrollees who did not use services and enrollees in four categories of service use. The count of births excludes deliveries that occurred immediately before service use (or enrollment, for non-service users) and excludes deliveries that occurred within nine months of the first service date (or enrollment date, for non-service users). Deliveries were included if they occurred up to nine months after the end of the demonstration year. Because of this time lag, data are only available to complete the estimates for Demonstration Year 16, counting births that occurred through August 2017.

In DY16, the participant group with the lowest birth rates – from pregnancies occurring while they were participants – was the group of women who used family planning services at Title X funded facilities. Among service users, the group with the highest birth rates was those who had contact with Plan First at facility that did not receive Title X. Birth rates for Plan First enrollees who did not use any services were somewhat lower, overall, than for women who did use services. However, the DY16 enrollee survey data indicate that many women (41.5%) without a family planning visit in the last year were relying on long-acting (IUD, implant) or permanent contraceptive methods. Assuming these women are not at risk of pregnancy, the estimated birth rate for the remaining women who did not use services is 100.9/1000.

**Table 7.1 Birth Rates for Enrollees and Service Users, Demonstration Year 16\***

	Number of Enrollees	Number of Births	Births/1000
<b>Non-service users</b>	67,200	3,965	59.0
Not using a long-acting or permanent method†	39,312	3,965	100.9
<b>Service Users</b>	57,492	3,628	63.1
Any risk assessment or case management	28,223	1,272	45.1
No risk assessment or case management	29,269	2,356	80.5
Any visit to Title X clinic	27,940	1,169	41.8
No visit to Title X clinic	29,552	2,459	83.2
<b>All Enrollees</b>	124,692	7,593	60.9

\*Does not include women who delivered prior to enrollment or who were pregnant at first Plan First visit.

†An estimated 41% of women in the DY16 enrollee survey who did not have a visit in the last year reported using a long-acting reversible (IUD, implant) or permanent contraceptive method. We assume no births occurred in this group.

## Appendix: Demographics of Survey Respondents

**Table A.1. Demographic composition of survey respondents**

	DY12	DY13	DY14	DY15	DY16	DY17*
	N=1,126	N=1,127	N=1,107	N=1,125	N=1,112	N=2,237
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
<b>Age (years)</b>						
19	55 (4.9)	45 (4.0)	22 (2.0)	5 (0.4)	8 (0.7)	13 (0.6)
20 – 29	710 (63.1)	686 (60.9)	704 (63.6)	702 (62.4)	602 (54.1)	1,304 (58.3)
30 – 39	267 (23.7)	309 (27.4)	306 (27.6)	368 (32.7)	411 (37.0)	779 (34.8)
40+	88 (7.8)	87 (7.7)	75 (6.8)	48 (4.3)	86 (7.7)	136 (6.1)
Not answered <sup>1</sup>	6 (0.5)	0	0	2 (0.2)	5 (0.4)	5 (0.2)
<b>Race</b>						
Black	561 (49.8)	593 (52.6)	565 (51.0)	570 (50.7)	571 (51.3)	1,137 (50.8)
White	504 (44.8)	495 (43.9)	493 (44.5)	503 (44.7)	460 (41.4)	963 (43.0)
American Indian	13 (1.1)	9 (0.8)	2 (0.2)	13 (1.2)	7 (0.6)	13 (0.6)
Asian/Pacific Islander	8 (0.7)	8 (0.7)	9 (0.8)	6 (5.3)	5(0.4)	105 (4.7)
Other	38 (3.4)	19 (1.7)	32 (2.9)	29 (2.6)	63 (5.7)	9 (0.4)
Don't know/Refused	2 (0.2)	3 (0.3)	6 (0.6)	4 (0.4)	6 (0.5)	0 (0)
<b>Hispanic</b>						
Yes	42 (3.7)	20 (1.8)	36 (3.2)	34 (3.0)	45 (4.1)	79 (3.5)
No	1,080 (95.9)	1,107 (98.2)	1,070 (96.7)	1,091 (97.0)	1,064 (95.7)	2,155 (69.3)
Not Answered <sup>1</sup>	2 (0.4)	--	1 (0.1)	--	3 (0.3)	3 (0.2)
<b>Marital status</b>						
Never married	712 (63.2)	675 (59.9)	672 (60.7)	679 (60.4)	627 (56.4)	1,306 (58.4)
Married	22(20.2))	249 (22.1)	241 (21.8)	272 (24.2)	305 (27.4)	577 (25.8)
Previously married	185 (16.4)	199 (17.6)	189 (17.1)	172 (15.3)	177 (15.9)	349 (15.6)
Don't know/Refused	1 (0.1)	4 (0.4)	5 (0.5)	0 (0.2)	3 (0.3)	5 (0.2)
<b>Education</b>						
Less than high-school	96 (8.5)	80 (7.1)	77 (6.9)	80 (7.1)	86 (7.7)	166 (7.4)
High school or GED	415 (36.9)	424 (37.6)	395 (35.7)	413 (36.7)	421 (37.9)	834 (37.3)
More than high-school	612 (54.3)	622 (55.2)	633 (57.2)	631 (56.1)	603 (54.2)	1,234 (55.2)
Not answered	3 (0.3)	1 (0.1)	2 (0.2)	0	2 (0.2)	3 (0.1)
<b>Ever pregnant</b>						
Yes	816 (72.5)	844 (74.9)	823 (78.0)	934 (86.5)	988 (88.8)	1,922 (85.9)
No	260 (23.1)	240 (21.3)	229 (21.7)	142 (13.4)	124 (11.2)	226 (10.1)
<b>Length of enrollment (months)</b>						
< 6	1 (0.1)	214 (19.0)	197 (17.8)	151 (13.4)	134 (12.1)	285 (12.7)
6 – 12	223 (19.8)	240 (21.3)	266 (24.0)	202 (18.0)	220 (19.8)	422 (18.9)

13 – 24	873 (77.5)	296 (26.3)	271 (24.5)	240 (21.3)	223 (20.1)	463 (20.7)
> 24	29 (2.5)	268 (23.8)	373 (33.7)	532 (47.3)	535 (48.1)	1,067 (47.7)

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

<sup>1</sup> Due to an error in the skip patterns for the survey administration, age, race and education were not asked for women responding that they had never been pregnant.